



# Post- Quarantine RETURN TO WORK FORM

This form is for staff to complete in order to return to work after quarantine or isolation. This serves as notification to the staff supervisor that the staff person is now able to return to work. Below are the criteria that the staff person must self-select to indicate that they meet the requirements to safely return to work. *A negative covid-19 test result is not required to return to work.*

## Criteria to Return to Work

Initial at the designated line and complete the information below. Both criteria must be satisfied in order to return to work.

- \_\_\_\_\_ Quarantine/Isolation Complete  
*Quarantine begins on first day of symptoms OR day of positive test if not symptomatic*
  - Start Date: \_\_\_\_\_
  - End Date: \_\_\_\_\_
- \_\_\_\_\_ It's been at least 24 hours since experiencing covid-like symptoms  
*I do not have a fever, cough, sore throat, congestion, or other related symptoms*

If you do not meet these criteria, please continue to quarantine/isolate and do not return to work until both are met. Seek medical attention if you are experiencing severe symptoms. During business hours, call the Nisqually Health Department if you have any questions at 360-459-5312 Option #5.

Staff member signature

\_\_\_\_\_

Name

\_\_\_\_\_

Date