



City of Cupertino

**Employee Certification to Return to Work
After Exhibiting Symptoms of COVID-19 or
Suspicion of Having or Being Exposed to
COVID-19**

(May be used if a Doctor's Note is not practical)

I, _____, certify that I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other COVID-19 related symptoms (*e.g.*, cough or shortness of breath) for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (*e.g.*, cough suppressants) and, at least 7 days have passed since symptoms first appeared. I understand that if I do show further signs of having COVID-19 (*e.g.*, fever, cough, or shortness of breath), I must inform my supervisor immediately and the City of Cupertino may either direct me to stay away from work or may require me to undergo a fitness for duty examination at the City of Cupertino’s expense and according to the City of Cupertino’s policy regarding fitness for duty examinations.

Signature

Date