

Novel Coronavirus 2019 (COVID-19) Employee Return To Work Affidavit

This affidavit **PLUS** the requested documentation must be returned together to covid19@polarsemi.com

Only checkmark boxes in the one below category that best applies to your COVID situation. Failure to provide this form and the documentation together in a proper and timely manner could result in attendance points.

Employee Name: _____
Date: _____
Preferred E-mail: _____

Employee Number: _____
Manager: _____
Preferred Phone #: _____

EMPLOYEE RETURNING TO ON-SITE WORK AFTER BEING OUT OF THE FACILITY FOR 5+ DAYS

I attest I have no [COVID symptoms](#) **AND** if I was diagnosed with COVID or have had [COVID symptoms](#), I attest that it has been at least three days (72 hours) since resolution of my fever *without* the use of fever reducing medicine and I've had improvement in respiratory symptoms (cough, shortness of breath, etc.) and it has been at least ten days since my [COVID symptoms](#) first appeared **AND** if I had an immediate family member or close contact individual that either tested positive for COVID-19 or had [COVID symptoms](#), I attest it has been 14 days since my household member/close contact individual's test or onset of [COVID symptoms](#) and I have no [COVID symptoms](#)

EMPLOYEE HAD TESTED POSITIVE FOR COVID-19

I attest that it has been at least three days (72 hours) since resolution of my fever *without* the use of fever reducing medicine **AND** I've had improvement in respiratory symptoms (cough, shortness of breath, etc.) **AND** it has been at least ten days since my [COVID symptoms](#) first appeared. **PLUS**
 Attached is a medical provider's note stating I can return to work and/or documentation of a second COVID-19 test indicating I have tested negative for COVID-19.

EMPLOYEE HAD SYMPTOMS BUT TESTED NEGATIVE FOR COVID-19

I attest that I have been symptom free for 24 hours *without* the use of pain or fever reducing medications. **PLUS**
 Attached is documentation showing the negative COVID-19 test result.

IMMEDIATE HOUSEHOLD MEMBER (OR MDH/POLAR IDENTIFIED CLOSE CONTACT INDIVIDUAL) TESTED POSITIVE FOR COVID-19

I attest it has been 14 days since my household member's or identified close contact individual's positive test and I have no [COVID symptoms](#) **PLUS**
 Attached are my negative COVID-19 results; this test was taken toward the end of the 14 day period.

IMMEDIATE HOUSEHOLD MEMBER HAD COVID-19 SYMPTOMS BUT TESTED NEGATIVE FOR COVID-19

I attest I have no [COVID symptoms](#) **PLUS**
 Attached are the negative COVID-19 results for my household member.

EMPLOYEE - RECENT INTERNATIONAL TRAVEL OR RECENT CRUISE

I attest that it has been 14 days since my last possible exposure date and I have no [COVID symptoms](#) **PLUS**
 Attached are my negative COVID-19 results; this test was taken toward the end of the 14 day quarantine period.

I OR MY IMMEDIATE FAMILY MEMBER IS/WAS HIGH RISK PER CDC

I attest that I, or my physician deems, I can now return to work.

[Click here for COVID-19 symptoms](#)

[Click here for COVID-19 testing resources](#)

HealthPartners Nurseline: 612-339-3663

www.virtuwell.com

www.doctorondemand.com

[HealthPartners Open Access provider link](#)