



**STATE OF COLORADO EMPLOYEE SELF-CERTIFICATION FORM
FOR COVID-19-LIKE SYMPTOMS**

This form is to be used in place of the *State of Colorado Medical Certification Form* for employees who are either ill with COVID-19-like symptoms (includes fever ≥ 100 degrees, cough, and shortness of breath) or caring for a family member with COVID-19-like symptoms. Family member is defined as a parent, child under the age of 18, spouse, legal dependent, or someone living in your household for whom you are the primary caregiver, including domestic partners, in-laws and step relatives or any other person whose association with the employee is similar to that of a family member.. For other absences that qualify for job protection under the Family and Medical Leave Act (FMLA), i.e., serious health conditions or injuries, use the *State of Colorado Medical Certification Form* available at www.colorado.gov/dhr/FMLA.

I was absent from work on the following dates: _____

I was absent for the following reason:

____ I was ill with COVID-19-like symptoms.

____ My family member was ill with COVID-19-like symptoms.

- Please indicate your relationship to the ill person: _____

Please provide any relevant details concerning your absence. You may attach additional documentation if you wish, but additional documentation is not required.

Reminder - Please do NOT come to work if you are sick with a fever

Employees with COVID-19-like illness, as defined above, should stay home and follow CDC guidelines to determine if it's safe to return to work. Currently, the guidelines indicate it is safe when the employee is free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Please refer to the CDC's website for any updates to this guidance.

Failure to provide a complete and sufficient certificate within 15 calendar days after you return to work may result in denial of sick and administrative leave. Providing false information knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

Employee Name (please print)

Department & Division

EID

Employee Signature

Date

* Completed form is to be sent to your agency's human resources office to be placed in a separate, confidential medical file with limited access.