

**COVID-19 Positive / Close Contact Return to Work Form**

**Please fill out this form completely and legibly, and provide the required supporting documentation. Submit this form to your supervisor or Human Resources for approval prior to returning to work.**

**Reason for quarantine/isolation:**

**Tested Positive for COVID-19**

**COVID-19 Exposure - Close contact with a person who tested positive during the high-risk period**

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| **Employee Contact Information** | |
| **Employee Name:** Click or tap here to enter text. | **Employee ID:** Click or tap here to enter text. |
| **Phone Number:** Click or tap here to enter text. | **Email Address:** Click or tap here to enter text. |

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| **Employee questions** | |
| **If tested positive for COVID-19:** | **If you had close contact:** |
| **What day did you start having symptoms or test positive if asymptomatic?** Click or tap to enter a date. | **What is your vaccination status?** Choose an item. |
| **What day was your test sample collected?** Click or tap to enter a date. | **Last day you had contact with person who tested positive?** Click or tap to enter a date. |
| **What day did you receive the results?** Click or tap to enter a date. | **Did you take and pass a COVID-19 test 5 or more days after your most-recent high-risk-period exposure?** Choose an item. |
| **Did you take and pass a COVID-19 test 5 or more days after your initial positive result?** Choose an item. | **Are you experiencing COVID-19 symptoms?** Choose an item. |
| **Do you meet the RTW requirements (no fever and symptoms resolving)?** Choose an item. |  |

**I certify that I have read and will comply with the MTS’s COVID-19 Return to Work Guidance dated 1/6/22. I completed this form completely, accurately and in accordance with the guidelines of the above-referenced policy.**

Employee Signature: Date:

**Return to Work Approval**

**Approved return to work date:** Click or tap to enter a date.

**Department Head or HR Signature:** Click or tap here to enter text.