



# COUNTY OF YOLO

Today's Date:

Yolo County Human Resource Department  
[covid.hr@yolocounty.org](mailto:covid.hr@yolocounty.org) • Courier #: 60  
Administration Building  
625 Court Street, Room 101  
Woodland, CA 95695

## **RE: COVID-19 Employee Self-Attestation Confirmation of Return to Work Criteria**

---

I, , attest to the following:

I tested  for COVID-19 on .

Attach Test Results (optional):

I understand that knowingly and willfully attesting to, falsifying, or attempting to falsify my COVID-19 test results may subject me to discipline, up to and including termination.

I attest that I have conducted a COVID-19 symptom screening prior to returning to the office following an isolation or quarantine period. Per County guidelines, I meet the criteria to be able to safely perform my essential job functions without risk to co-workers or the public. Failure to perform a COVID-19 symptom screening prior to returning to the workplace and before each subsequent shift may subject me to discipline, up to and including termination.

I have had no fever for at least 1 day (24 hours) without the use of fever-reducing medication during that time.

My COVID-19 symptoms have improved or I did not have any symptoms.

I have completed the following required isolation / quarantine from the workplace.  
 At least five (5) days OR  Not Applicable

I understand that a face covering must be worn at all times when around others at work and agree to remain physically distant from others (where feasible) for the time period noted in the direction from my supervisor, Department, and/or Human Resources.

**Date Returning to the Workplace:**

**Employee Signature:** \_\_\_\_\_

- > SAVE your completed self-attestation for you files.
- > SUBMIT a copy to Yolo County Human Resources.