



Human Resources & Risk Management

COUNTY OF IMPERIAL

RODOLFO AGUAYO
Director of Human Resources &
Risk Management

Return to Work Certification after Isolating for COVID-19

I, _____, certify that:

- I have been free of fever (“fever” is defined as 100.4° F [37.8° C] or greater) for at least 24 hours, without the use of fever-reducing medications, and,
- COVID-19 symptoms are mild and improving.
- I will adhere to wearing a face mask for a total of 10 days after I was first diagnosed.

For longer isolation periods - I have submitted a doctor’s note confirming my return-to-work clearance.

Finally, I have read the isolation requirements and hereby confirm that I have met the criteria to return to work.

Signature

Date

Department