To whom it may concern:

The Yolo County Health and Human Services Agency does not provide individualized clearance letters for those returning to work following COVID-19 infection. If requested by an employer, employees should self-attest that they meet criteria for returning to work using this form.

Please note that the County does not receive completed forms and cannot verify the accuracy of any information provided by an employee. Employers should perform any inquiries reasonably required to ensure that the self-attestation has been completed in a truthful and accurate manner.

Sincerely,

Dr. Larissa May, MD, MPH
Interim Public Health Officer

First responders and healthcare workers should follow their workplace protocol for returning to work.

All other workers should use the following criteria for returning to work following COVID-19 infection:

- Persons with symptoms* may return to work:
  - 10 days after symptoms first appeared, and
  - Symptoms (cough, shortness of breath) have improved**, and
  - At least 24 hours have passed with no fever without use of fever-reducing medication.

- Persons without symptoms may return to work:
  - 10 days after specimen collection date of first positive COVID-19 laboratory test.

I, ____________________________________________________________, verify that I have met the Yolo County Health and Human Services Agency criteria listed above for returning to work. In signing below, I certify that this verification is true and accurate in all respects.

_________________________________________  __________________________
Signature                                      Date

*Symptoms of COVID-19 may include cough, shortness of breath or difficulty breathing, chest discomfort, fever or chills, muscle or body aches, vomiting, diarrhea, and new loss of taste or smell

**Individuals with any lingering symptoms should wear a surgical mask or similar face covering for source control until symptoms have resolved completely