



COVID-19 RETURN TO WORK QUESTIONNAIRE
(REVISED 12-31-2021)

Please respond by checking any box applicable to you and sign below:

- I had COVID-19 type symptoms, but have test negative for -COVID-19**
- I had COVID-19 symptoms, tested positive for COVID-19, and have recovered, and**
 - It has been more than 10 days since my first symptom of COVID 19, and
 - I have not had a fever without the use of fever-reducing medications for more than 24 hours **and**
 - My COVID-19 symptoms have continued to improve.
- I had COVID-19 symptoms, was not able to receive a test for COVID-19, and**
 - Have gone more than 24 hours without fever (without use of fever-reducing medications), and
 - Have improved COVID-19 symptoms (e.g., cough, shortness of breath); **and**,
 - At least 10 days have passed since my symptoms first appeared.
- I had very mild or no COVID-19 symptoms, and tested positive for COVID-19, and**
 - More than 5 days have passed since the date of my positive COVID-19 test, and.
 - I no longer have any symptoms, and
 - I agree to wear a facemask and distance at all times while working until 10-days from the date of my positive test.
- I have been in close contact with a person who tested positive for COVID-19, or who is awaiting testing or test results, who does not live in my household, and**
 - I received my COVID-19 Booster, or fully completed the Pfizer or Moderna vaccine series in the last 6 months or the Johnson & Johnson vaccine in the last 2 months, and
 - I agree to I test on Day 5 for COVID-19, and to wear a facemask and distance at all times for 10-days following the date of exposure.
 - **OR**
 - I am not vaccinated, not boosted, or I vaccinated more than 6 months ago the Pfizer or Moderna vaccine or more than 2 months ago for the Johnson & Johnson vaccine, and

- I completed a 5-day quarantine (Day of exposure is Day 0), and
- I do not have any symptoms of COVID-19, and
- I tested negative for COVID-19 5 to 7 day following the date of exposure, and
- I agree to wear a facemask and distance at all times for 10-days following the date of exposure

I have ongoing contact with a household member who has tested positive for COVID-19, or who is awaiting testing or test results, and

- I have received my COVID-19 Booster, or fully completed the Pfizer or Moderna vaccine series in the last 6 months or the Johnson & Johnson vaccine in the last 2 months, and
- I do not have any symptoms of COVID-19, and
- I had a COVID-19 test performed 5 days after my last positive testing family member completed their prescribed (5 to 10 day) isolation period, and
- I received a negative test result for that COVID-19 test, and
- I agree to wear a facemask and distance at all times while working until I have completed 10-days from the last date of exposure (end of family member’s isolation period).

I have completed a 10-day self-quarantine after **having travelled** to a high-risk region ([as defined by the CDC’s travel alert](#)) in the last ten (10) days.;

Last date worked at Village: _____

First date of symptoms: _____

Last date of symptoms: _____

By signing below, you certify that your answers to this questionnaire are true to the best of your knowledge. You also certify that you will inform your Department Director immediately if your answer to any of the questions above changes.

Employee Name (printed): _____

Employee Signature: _____

Proposed Return to Work Date: _____

Today’s Date: _____

After signing, please scan and send to your Department Director and Barb Weber @ weberb@vil.bloomington.il.us along with, any return to work note from your medical provider.

Village Approval: _____
Peter Scalera, Village Administrator

_____ Date