

# Contractor Self-Certification Form

Please note that FlavaFitness Studio, LLC is relying on your honesty to maintain the health and safety of the workplace, its customers, and other contractors. It is your responsibility to maintain the utmost integrity and respect for others by following all exclusions and restrictions set forth by FlavaFitness Studio, LLC regardless of your own personal assessment of your COVID-19 status.

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## RETURN FROM COVID-19 ILLNESS OR EXPOSURE

If Contractor has tested positive for COVID-19:

I, \_\_\_\_\_, certify that:

- I have not had a fever (100.4 F or higher) for at least 72 hours (that is without the use of fever-suppressing medicine); AND
- My symptoms, such as cough or shortness of breath, have improved; AND
- At least 14 days have passed since my positive test AND symptoms first appeared.

If Contractor has been directly exposed to COVID-19:

I, \_\_\_\_\_, certify that:

- At least 14 days have past since my LAST encounter or contact with the infected person; AND
- I will refrain from further contact with the infected person until they:
  - have not had a fever (100.4 F or higher) for at least 72 hours (that is without the use of fever-suppressing medicine); AND
  - have improvement of symptoms, such as cough or shortness of breath, have improved; AND
  - they have a negative test at least 14 days passed since their positive test AND symptoms first appeared.

## RETURN FROM QUARANTINE OR TRAVEL

I, \_\_\_\_\_, certify that I have not been ill with COVID-19 or experienced COVID-19-like symptoms, such as fever, cough, or shortness of breath, within the past 14 days.

Furthermore, I certify that within the past 14 days, I have not visited any Level 3 Travel Health Notice Countries. For a list of such countries: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>.

Nor have I violated the April 3, 2020 travel.state.gov Global Level 4 Health Advisory <https://travel.state.gov/content/travel/en/traveladvisories/ea/travel-advisory-alert-global-level-4-health-advisory-issue.html>

**DISCLOSURE OF DOMESTIC TRAVEL  
(LAST 14 DAYS)**

In the last fourteen (14) days, from date of this executed document, I travelled to the following domestic locations (including counties outside of my county of residence).

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**RETURN FROM CARING FOR OR LIVING WITH AN INDIVIDUAL WHO HAS HAD  
CONFIRMED COVID-19 ILLNESS OR COVID-19 SYMPTOMS**

I, \_\_\_\_\_, certify that:

- It has been 14 days since I have cared for or been in close contact\* with an individual who has had confirmed covid-19 illness or covid-19 symptoms, AND
- I have not been ill with COVID-19 or experienced COVID-19-like symptoms, such as fever, cough, or shortness of breath, within the past 14 days.

\*Close contact is defined by the CDC as (a) being within approximately 6 feet (2 meters) of a COVID-19 case for 15 minutes; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed or sneezed on, kissing).

***This policy is subject to change in accordance with any changes in circumstances or guidance from the CDC, public health officials, or government (federal, state, or local).***

Contractor Name (please print) \_\_\_\_\_

Contractor Signature \_\_\_\_\_

Date \_\_\_\_\_

**REVIEWED BY:**

Representative Name (please print) \_\_\_\_\_

Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

**Disposition Status:**

Cleared to Return      Y/N      Effective Date: \_\_\_\_\_

Reevaluate on \_\_\_\_\_

❖ Completed form will be maintained in a confidential file, separate from your personnel file.