

Novel Coronavirus 2019 (COVID-19) Employee Return To Work Affidavit

This affidavit PLUS any requested documentation must be returned together to covid19@polarsemi.com

Only checkmark boxes in the **one** below category that best applies to your COVID situation.

Please also ensure that you provide name, date, etc. as requested directly below.

Failure to provide complete information in a proper and timely manner could result in attendance points.

Employee Name:

Employee Number:

Date:

Manager:

Preferred E-mail:

Preferred Phone #:

EMPLOYEE RETURNING TO ON-SITE WORK AFTER WORKING REMOTELY AND BEING OUT OF THE FACILITY FOR 5+ DAYS *no longer required as of 5/21/21*

I attest I have no COVID symptoms **AND** I attest that none of the below COVID situations apply.

(Polar note: If any do apply, you must reference the Employee Screening Instructions for that specific COVID situation instead.)

EMPLOYEE TESTED POSITIVE FOR COVID-19

I attest that it has been at least ten days since my COVID symptoms first appeared (or ten days since the testing date if you have no symptoms) **AND** at least 24 hours since resolution of my last fever *without* the use of fever reducing medicine **AND** I've had improvement in symptoms. *Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation or return to work.* Important note: You may need to stay home longer than 10 days if 1) your symptoms are not improving or become worse, 2) if you have conditions that weaken your immune system, or 3) if you have been in the hospital. Talk to your healthcare provider for instructions in this situation. If you will be off longer than the standard 10 days request a doctor's note stating when you can safely return to work and provide that note to covid19@polarsemi.com.

EMPLOYEE HAD SYMPTOMS BUT EMPLOYEE TESTED NEGATIVE FOR COVID-19

I attest that I have been symptom free for 24 hours *without* the use of pain or fever reducing medications. **PLUS** Attached is documentation showing my negative COVID-19 test result.

IMMEDIATE HOUSEHOLD MEMBER OR IDENTIFIED CLOSE CONTACT INDIVIDUAL TESTED POSITIVE FOR COVID-19

I attest that it has been 7 days since my last possible exposure date and I have no COVID symptoms **PLUS**

Attached is documentation showing my negative COVID-19 test *which was taken at least 5 days following the date of the last possible exposure.*

Or

I attest that it has been 10 days since my last possible exposure date and I have no COVID symptoms. (no test)

IMMEDIATE HOUSEHOLD MEMBER OR CLOSE CONTACT INDIVIDUAL HAD COVID-19 SYMPTOMS BUT TESTED NEGATIVE FOR COVID-19

I attest I have no COVID symptoms **PLUS**

Attached is documentation showing my family member's negative COVID-19 test result.

EMPLOYEE – RECENT INTERNATIONAL TRAVEL

I attest that it has been 7 days since my last possible exposure date and I have no COVID symptoms **PLUS**

Attached is documentation showing my negative COVID-19 test *which was taken at least 5 days following the date of the last possible international travel exposure.*

Or

I attest that it has been 10 days since my last possible exposure date and I have no COVID symptoms. (no test)

EMPLOYEE – RECENT CRUISE

I attest that it has been 7 days since my last possible exposure date and I have no COVID symptoms **PLUS**
Attached is documentation showing my negative COVID-19 test *which was taken at least 5 days following the date of the last possible cruise exposure.*

Or
I attest that it has been 10 days since my last possible exposure date and I have no COVID symptoms. (no test)

I OR MY IMMEDIATE FAMILY MEMBER IS/WAS HIGH RISK PER CDC

I attest that I, or my physician deems, I can now return to work.

COVID SITUATION THAT IS NOT ADDRESSED ON THIS FORM

Please contact covid19@polarsemi.com regarding what is needed for your return to work. Return the requested items with this form.

THE BELOW CATEGORIES ARE ONLY FOR EMPLOYEES THAT ALREADY HAD A CONFIRMED CASE OF COVID-19 IN THE PAST THREE MONTHS OR IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19

EMPLOYEE HAS ALREADY HAD OWN COVID-19 DIAGNOSIS/RECOVERY WITHIN THE LAST THREE MONTHS OR IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19 AND EMPLOYEE HAD POSSIBLE/CONFIRMED COVID-19 EXPOSURE (via family member, close contact) or WENT ON A CRUISE or TRAVELLED INTERNATIONALLY AND EMPLOYEE HAS NO SYMPTOMS.

I attest I have no COVID symptoms **PLUS**
I attest that I was already diagnosed previously with COVID-19 and recovered within the last three months. That COVID-19 test was taken on (provide date). **OR** I attest I am fully vaccinated as of (provide date).

EMPLOYEE HAS ALREADY HAD OWN COVID-19 DIAGNOSIS/RECOVERY WITHIN THE LAST THREE MONTHS OR IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19 AND EMPLOYEE HAD POSSIBLE/CONFIRMED COVID-19 EXPOSURE (via family member, close contact) or WENT ON A CRUISE or TRAVELLED INTERNATIONALLY AND EMPLOYEE EXPERIENCED COVID symptoms RELATED TO THIS COVID-19 EXPOSURE OR CRUISE/TRAVEL

I attest that I have been symptom free for 24 hours *without* the use of pain or fever reducing medications. **PLUS**
I attest that I was already diagnosed previously with COVID-19 and recovered within the last three months. That COVID-19 test was taken on (provide date). **OR** I attest I am fully vaccinated as of (provide date). **PLUS**

Attached is a doctor’s note stating that I can return to work and/or my recent negative COVID-19 test result (related to these current symptoms) if my physician recommended another one.

EMPLOYEE HAS ALREADY HAD OWN COVID-19 DIAGNOSIS/RECOVERY PREVIOUSLY WITHIN THE LAST THREE MONTHS OR IT HAS BEEN AT LEAST TWO WEEKS SINCE THE EMPLOYEE WAS FULLY VACCINATED FOR COVID-19 AND THAT VACCINATION WAS WITHIN THE LAST THREE MONTHS AND EMPLOYEE EXPERIENCED COVID symptoms

I attest that I have been symptom free for 24 hours *without* the use of pain or fever reducing medications. **PLUS**
I attest that I was already diagnosed previously with COVID-19 and recovered within the last three months. That COVID-19 test was taken on (provide date). **OR** I attest I am fully vaccinated as of (provide date). **PLUS**

Attached is a doctor’s note stating that I can return to work and/or my recent negative COVID-19 test result (related to these current symptoms) if my physician recommended another one.