



# COVID -19 RETURN TO WORK FORM

City of Hammond  
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Due to the Coronavirus being classified as a pandemic, this form must be completed prior to you returning to work.

Please answer the following questions:

1. Were you off work due to a personal medical condition **NOT** related to coronavirus?  YES  NO

If Yes, what condition were you off work for?

- Post-Surgical?  
 Injury Related Illness?  
 Personal Medical Illness?

Please Explain:

2. Do you have a medical release from your treating Doctor?  YES  NO

3. Have you tested positive for COVID-19?  YES  NO

4. Have you self-quarantined for COVID-19 for 14 days?  YES  NO

Date of first day of quarantine \_\_\_\_\_

5. Are you symptom free, without a fever for at least 24 hours without any medications?  YES  NO

Thank you for your cooperation as we continue to provide ongoing safety precautions.

Department Name \_\_\_\_\_

Employee Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Please sign and date that you understand and have answered the above questions.

\_\_\_\_\_  
Signature (Typing your name in the above field is sufficient)

\_\_\_\_\_  
Date

This form must be submitted to the Personnel Department.

For City of Hammond Use Only

Reviewer \_\_\_\_\_

Date \_\_\_\_\_