

Return to work form

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

- If you have tested positive for COVID-19**, have you recovered from COVID-19 and been medically released to return back to work from a licensed medical professional? If so, please check this box and sign and return with your note from your medical provider.

- If you have not tested positive for COVID-19 and are unable to obtain a medical release to return to work from a licensed medical professional**, have you completed a 14-day self-quarantine due to:
 - Having travelled** to China, Hong Kong, Iran, any European country, Japan, South Korea, returned from a cruise, or travelled to any other high risk region (as defined by the CDC's travel alert), or having had close contact with some who has travelled to any such high risk regions or returned from a cruise, and finished the 14-day quarantine period without developing symptoms;
 - Having been in direct contact with a person** who tested positive for COVID-19 and/or a person who had fever, chills, cough, shortness of breath, sore throat, or exhibited any other flu-like symptoms or respiratory issues, and finished the 14-day quarantine period without developing symptoms;
 - Having been mandated to go into quarantine** under local health guidelines, and finished the 14-day quarantine period without developing symptoms;
 - Having fever, chills, cough, shortness of breath, sore throat, or having exhibited any other flu-like symptoms or respiratory issues**, and have not demonstrated symptoms for 72 hours after completion of the 14-day quarantine period.

Last date worked on-site: _____ Last date of symptoms: _____

By signing below, you certify that your answers to the questionnaire are true to the best of your knowledge. You also certify that you will inform Nicholas Gerrald or your Coastal Recruiter immediately if your answer to any of the questions above changes.

Employee Name: _____ Employee Signature: _____

Today's Date: _____ Proposed Return To Work Date: _____