



CITY OF LAWRENCE  
OFFICE OF THE MAYOR

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DANIEL RIVERA  
MAYOR & CEO

**City of Lawrence Employee Certification of Self-Isolation or Self Quarantine  
Return to Work (Updated 12/10/2020)**

Fill out #1 (Isolation) or #2 (Quarantine)

- 1. Isolation:** separates people who are sick with a contagious disease from people who are not sick.

Check whichever applies, (A) or (B):

**(A):**  I self-isolated for COVID-19 for \_\_\_\_\_ days (from \_\_\_\_\_ to \_\_\_\_\_) at the direction of my healthcare provider or a public health official because:

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Name of Healthcare Provider or Public Health Official: \_\_\_\_\_

Email and Phone Number of Health Care Provider or Public Health Officer:

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I have been fever free for at least twenty-four (24) hours without the use of fever-reducing medication.

My symptoms have improved.

**(B):**  I have had two (2) negative test results for COVID-19 that were at least twenty-four (24) hours apart. My test results are attached.

- 2. Quarantine:** separates and restricts the movement of people who are exposed to a contagious disease to see if they become sick.

Check whichever applies, (A) or (B):

**(A)**  I self-quarantined for COVID-19 for \_\_\_\_\_ days (from \_\_\_\_\_ to \_\_\_\_\_) at the direction of my healthcare provider or a public health official because:

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Name of Healthcare Provider or Public Health Official: \_\_\_\_\_

Email and Phone Number of Health Care Provider or Public Health Officer:

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I did not develop any symptoms of COVID-19 during the time I was in quarantine.

**(B)**  I have been in quarantine for \_\_\_\_ days (from\_\_\_\_\_ to\_\_\_\_\_) and tested negative for COVID-19 on \_\_\_\_\_ (no less than Day 5 of quarantine). My test results are attached.

I did not develop any symptoms of COVID-19 during the time I was in quarantine.

I will continue to monitor for symptoms of COVID-19 for the full 14 days.

You must submit the employee certification for self-isolation or self-quarantine absences within twenty-four (24) hours before your return to work.

**By signing this certification, you**

- 1. Knowingly and voluntarily agree to allow the City to confirm the information in this Certification at any time and agree to take whatever steps are necessary for the City to do so; and**
- 2. Agree that you are filling this form out under the pains and penalties of perjury.**

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Employee Signature

DATE

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**Below For Official Use Only**

\_\_\_\_Approved

\_\_\_\_Rejected

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City Public Health Nurse

DATE