



town of

LONGMEADOW, MASSACHUSETTS

735 Longmeadow Street, Suite 102 01106



Town of Longmeadow COVID-19 SELF Certification / Reporting

Any person who anticipates being in a Town or School Building for a period of 15 minutes or more must self-certify that **all** of the following statements are **TRUE**:

- I have had no signs of a fever or a measured temperature above 100.0 degrees or greater, no cough or no trouble breathing within the past 24 hours. (The Town will not measure temperature) AND if I do have any of these symptoms, they are attributable to an alternative diagnosis, and my health care provider has cleared me to return to work/school and I am able to provide documentation.
- I do not have or, have not had in the past 24 hours, *two or more* of the following symptoms:
 - Cough
 - Shortness of breath
 - Fever, chills, repeated shaking with chills
 - Muscle pain & body aches
 - Headache
 - Sore throat
 - New loss of taste or smell
 - Nausea & Vomiting
 - Diarrhea
 - Runny nose/congestion not associated with allergy

AND if I do have two or more of these symptoms, they are attributable to an alternative diagnosis (e.g. strep, allergies, influenza), and my health care provider has cleared me to return to work/school and I am able to provide documentation.

- In the last 14 days, I have not had “close contact” with an individual diagnosed with COVID-19. “Close contact” means:
 - Living in the same household as a person who has tested positive for COVID-19;
 - Caring for a person who has tested positive for COVID-19;
 - Being within 6 feet of a person who has tested positive for COVID-19 for a total of 15 minutes in a 24 hr period or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.
- I have not been asked to self-isolate or quarantine by my doctor or a local public health official.
- I am in compliance with the Massachusetts travel restrictions: [MA travel information](#)

By signing this form, I am self-certifying that all of the above statements are true.

Printed Name

Signature

Dated

Anyone who is unable to self-certify that all of the above is true, must not be allowed access to the town or school buildings. Employees should contact your supervisor and HR office immediately with any questions.

