

CONFIRMED COVID-19 POSITIVE ACKNOWLEDGEMENT FORM

You have been identified as a confirmed COVID-19 positive. Based on the Safer Federal Workforce Task Force and Centers for Disease Control and Prevention (CDC) guidance, you are required to take the following steps if you are returned to duty in accordance with Policy Bulletin #126 less than ten (10) full calendar days from symptom onset or positive test, whichever is earlier:

1. You must wear a high-quality mask (e.g. “procedural” or “surgical”) or may voluntarily choose to wear a respirator (e.g. N-95, KN-95, KF-94) while working indoors at an agency workplace or interacting indoors with members of the public in person as part of your official responsibilities as soon as possible after notification of exposure and continue to do so for ten (10) full calendar days from the date you were last known to have been exposed.

For purposes of calculating the ten (10) full calendar days, day zero (0) is the day of your last known exposure to someone with COVID-19, and day one (1) is the first full day after your last known exposure.

2. To the extent practicable, take [extra precautions](#), such as avoiding crowding and physically distancing from others, when you know you are around individuals who are [more likely to get very sick from COVID-19](#) while working onsite at an agency workplace or interacting with members of the public in person as part of your official responsibilities, for ten (10) full days from the date you were last known to have been exposed.
3. On day six (6) or after, you may opt to take two rapid antigen tests authorized by the Food and Drug Administration to detect current COVID-19 infection. With two sequential negative tests 48 hours apart, you are no longer required to wear a mask in the situations described in paragraph 1, above. If either of your rapid antigen test results are positive, you should continue taking rapid antigen tests at least 48 hours apart until you have two sequential negative results. **You must provide confirmation of the results to your manager, to include when you took the tests.**

Note: The granting of excused absence referenced in Policy Bulletin #120 is not authorized for this option.

I acknowledge receipt of the above requirements.

Name: _____

Date: _____