



STATE OF COLORADO MEDICAL CERTIFICATE
FOR INFLUENZA-LIKE ILLNESS

SELF-REPORTING FORM



This form is to be used in place of the *State of Colorado Medical Certification Form* for employees who are either ill with influenza-like symptoms (includes fever ≥ 100 degrees, plus any of the following: cough, sore throat, chills, and muscle aches), or are caring for a family member with influenza-like symptoms. Family member is defined as parent, child under the age of 18, spouse, legal dependent, or someone living in your household for whom you are the primary caregiver. For other absences that qualify under the Family and Medical Leave Act (FMLA), i.e., serious health condition or injury, use the *State of Colorado Medical Certification Form* available at <http://www.colorado.gov/cs/Satellite/DPA-DHR/DHR/1213129336435>.

The completed form must be sent to the Human Resources Office and will be placed in a separate, confidential medical file with limited access.

I was absent from work on the following dates: _____ to _____

For the following reason:

- I was ill with influenza-like symptoms, or
 - My family member was ill with influenza-like symptoms.
- Please indicate your familial relationship to the ill person: _____

Please provide any relevant details (i.e. confirmed H1N1) concerning your absence. You may attach additional documentation if you wish, but additional documentation is not required.

Employees with influenza-like illness, as defined above, should stay home and limit interactions with other people, except to seek medical care if necessary, for at least 24 hours after they no longer have a fever or have signs of a fever, and without the use of fever-reducing medicines. Employees should stay away from others during this time period even if they are taking antiviral drugs for treatment of the flu.

Please do NOT come to work if you are sick with a fever!

Failure to provide a complete and sufficient certificate within 15 calendar days of the absence may result in denial of approved sick leave. Providing false information knowingly, either directly or through another party, may result in corrective and/or disciplinary action.

Employee Name (please print)	Department	CWID
Employee Signature	Date	