

SAMPLE

SELF-CERTIFICATION FOR RESUMPTION OF NON-EMERGENT CARE DURING THE NATIONAL
CORONAVIRUS PUBLIC HEALTH EMERGENCY

Name of Health Care Facility _____

Name and Contact Information for Managing Authority or Health Care Provider

We certify that the health care facility has at least one week's supply of personal protective equipment (PPE) for health care practitioners, staff, and (as appropriate) patients.

_____ (initials)

We certify that social distancing will be strictly maintained in all settings.

_____ (initials)

We certify that all health care workers, patients, and visitors will be screened for COVID-19 symptoms upon arrival. We certify that staff will be required to stay home if they exhibit COVID-19 symptoms.

_____ (initials)

We certify that the facility and staff will implement enhanced infection control measures in accordance with the most current CDC guidelines.

_____ (initials)

Signature & Date