



Faculty & Staff Medical Clearance Form

INSTRUCTIONS

The following form is for faculty or staff that have traveled to countries affected by COVID-19 and are on the CDC's Level 2 or 3 travel restriction list: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/>. The list of affected countries may change without notice.

Faculty and staff that have traveled to these countries or that have been in close contact with someone who has traveled to these countries and start to have symptoms, are required to self-quarantine off-campus for at least fourteen (14) days. The Centers for Disease Control and Prevention (CDC) recommends the following [general care tips](#) –

- Stay home except to get medical care;
 - Separate yourself from other people and animals;
 - Wear a facemask;
 - Cover your coughs and sneezes;
 - Clean your hands often;
 - Avoid all “high-touch” surfaces; and
 - Monitor your symptoms.
- Email your supervisor to inform them of your requirement to stay home.
- Take your temperature twice a day and keep a log using the table included in this PDF.
- If you *become* [symptomatic](#) (fever, cough, and shortness of breath are the most common) during the fourteen (14) day period -
 - Contact a medical provider immediately; or
 - If you do not have a local medical provider, you may call the UofM Student Health Center at 901.678.2287 for guidance. If you have symptoms, DO NOT go to the UofM Student Health Center. Student Health IS NOT A TESTING SITE FOR CORONAVIRUS.
- If you *remain asymptomatic* after fourteen (14) days -
 - Schedule an appointment with your medical provider, or contact UofM Student Health Center at 901.678.2287 if you do not have a medical provider. Ensure the following form is completed no more than three (3) days prior to your return to campus. Please remember to bring your temperature log.
 - Submit the completed form to hr@memphis.edu.

SECTION 1 – For Completion by the Faculty/Staff Member

INSTRUCTIONS to the EMPLOYEE: Please complete Section I before giving this form to your medical provider. You will be required to present this Faculty/Staff Medical Clearance Form in order to return to work. If such certification is not received, your return to campus may be delayed until certification is provided.

NOTE: The Medical Clearance Form must be completed and submitted to UofM HR no more than THREE days prior to returning to campus.

Name:	UUID:
Email:	Alternative email (if applicable):
Address:	Telephone:
Country/ies of travel:	Dates of travel:
Medical Provider name:	Medical Provider telephone:

SECTION 2 – For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed is required to present this Faculty/Staff Medical Clearance Form in order to return to campus.

NOTE: The Medical Clearance Form must be completed and submitted to UofM HR no more than THREE days prior to returning to campus.

Is the patient asymptomatic and allowed to return to campus?

☐ YES DATE FACULTY/STAFF IS RELEASED TO RETURN: _____

☐ NO DATE FACULTY/STAFF SHOULD RETURN FOR A FOLLOW-UP APPOINTMENT: _____

Additional medical notes (if applicable):

Healthcare Provider Signature:	Date:
Name of Healthcare Provider (use Stamp):	Type of Practice/ Medical Specialty:
Address:	Telephone number:

Temperature Log

Please use this log to monitor your temperature during your time in quarantine. You will need to provide a log to your medical provider to obtain medical clearance.

	Date	Time	Temperature Reading	Notes/Symptoms
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				