



City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health

Grant Colfax, MD
Director of Public Health

Dear San Francisco Employers*:

Thank you for all that you are doing in these unprecedented times to ensure your employees are well and not at risk of spreading COVID-19 to others at the workplace. We truly appreciate all your efforts to modify your businesses and everyday lives to reduce the risk of spreading COVID-19 and to save lives.

The [California Department of Public Health \(CDPH\) recently updated COVID-19 isolation and quarantine recommendations](#)* with shorter isolation (for asymptomatic and mildly ill people) of 5 days to focus on the period when a person is most infectious. These recommendations also facilitate individual social and well-being needs, return to work, and maintenance of critical infrastructure. [Most employees** diagnosed with COVID-19 may return to work after 5 days](#) with a strong recommendation to wear a well-fitted mask until at least day 10 if:

- (1) They have a negative test*** collected on day 5 or later AND
- (2) Either:
 - (a) If they had symptoms, it has been 5 days since their symptoms started, their symptoms have improved, AND they do not have a fever, OR
 - (b) If they never had any symptoms, it has been 5 days since they tested positive

SFDPH does not recommend requiring a medical note to return to work. Requesting employees provide a medical note creates a backlog on the healthcare system, and delays return to work. Employees may return to work when they meet the criteria described above.

Employees who meet the criteria above may print this letter out if their employer asks for written proof that they can return to work. This letter can be found online at sfdcp.org/workletter.

Please refer to the following resources for more details:

- Isolation and Quarantine: Stay home when you have or might have COVID-19: sfdph.org/iandq
- General San Francisco-specific information for employers: sfdcp.org/businesses
- What employers need to do if someone in the workplace has COVID-19: sfdcp.org/covid19-positive-workplace

Thank you for all that you do to keep our community healthy,

Susan Philip, MD, MPH
Health Officer of the City and County of San Francisco

* In the workplace, employers are subject to the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#) or in some workplaces the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#) (PDF), and should consult those regulations for additional applicable requirements except as noted at [California Department of Public Health \(CDPH\) updated COVID-19 isolation and quarantine recommendations](#) for workplace subject to CDPH jurisdiction and in [Cal/OSHA FAQs](#).

**This letter may not be applicable to all healthcare settings (including long term care facilities), jails, shelters, and schools.

*** Either an antigen or PCR test is fine, but an antigen test is preferred to leave isolation. Over the counter tests are acceptable to end isolation

Returning to Work for Those Who Have Had COVID-19

Did the employee have symptoms?

YES: the employee had symptoms. they may return to work if they check ALL four boxes:

It has been more than 5 days since my symptoms started.

Today's date: _____

Date symptoms started: _____

My symptoms have improved

It has been more than 24 hours since I had a fever without fever-reducing medications

I have a negative COVID test that was collected on or after five days from the date my symptoms started. Date of negative test:

NO: The employee did not have symptoms. They may return to work if they check ONE of the boxes

It has been more than five days since I tested positive for the COVID-19 virus and I have a negative COVID test that was collected on or after five days from the date my symptoms started.

Today's date: _____

Date of positive test: _____

Date of negative test: _____

It has been more than 10 days since I tested positive for the COVID-19 virus.

Today's date: _____

Date of positive test: _____

Employee Print Name: _____

Employee Signature: _____