



STATE OF COLORADO MEDICAL CERTIFICATE FOR INFLUENZA-LIKE ILLNESS



This form\* is to be used in place of the State of Colorado Medical Certification Form for those 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 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 for job protection under the Family and Medical Leave Act (FMLA), i.e., serious health conditions or injuries, use the State of Colorado Medical Certification Form available at www.colorado.gov/cs/Satellite/DPA-DHR/DHR/1213129336435.

I was absent from work on the following dates:

\_\_\_\_\_ for the following reason:

I was ill with influenza-like symptoms

My family member was ill with influenza-like symptoms. Please indicate your relationship to the ill person:

\_\_\_\_\_

Please provide any relevant details concerning your absence. You may attach additional documentation if you wish, but additional documentation is not required.

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

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.

Failure to provide a complete and sufficient certificate within 15 calendar days may result in denial of 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/Division

EID

Employee Signature

Date

\* Completed form is to be sent to your Human Resources Office to be placed in a separate, confidential medical file with limited access.