

# TOLEDO ELECTRICAL WELFARE FUND

## COVID-19 QUARANTINE/ISOLATION CERTIFICATION

As evidence by my signature below, I hereby swear and affirm that I am in self-quarantine and/or self-isolation, pursuant to the U.S. Center for Disease Control and Prevention (CDC) guidelines for COVID-19 exposure or positive infection.

\_\_\_\_\_ I am currently under quarantine for COVID-19 exposure, due to me being in close or direct contact with someone who has tested positive for COVID-19 and who was considered an infection risk at the time of my exposure. Please provide the date when you began your quarantine: \_\_\_\_\_.

\_\_\_\_\_ I am currently under quarantine/self-isolation, due to me testing positive for COVID-19. Please provide information concerning the date you tested positive for COVID-19 or (if earlier) the date your COVID-19 symptoms first appeared: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Last 4 numbers of SSN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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