



**State of Delaware  
Department of Human Resources**

COVID-19 TESTING CERTIFICATION FORM	
<b>Form #: COVID-19 Temporary Statewide Form</b>	<b>Authority: State of Delaware Declaration of a Public Health Emergency July 12, 2021; 20 Del. C. Chapter 3137</b>
<b>Effective: September 28, 2021</b>	<b>Supersedes: N/A</b>

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Section: \_\_\_\_\_

I certify that I have tested for COVID-19 within the previous 7-day period.

Date of COVID-19 Test: \_\_\_\_\_

Test Administrator: \_\_\_\_\_

**UNTIL AN EMPLOYEE SUBJECT TO THIS POLICY SUBMITS A COVID-19 VACCINATION CERTIFICATION, THEY MUST UNDERGO WEEKLY TESTING FOR COVID-19 AND COMPLETE THE COVID-19 CERTIFICATION PROCESS WEEKLY.**

I understand that the State is seeking my COVID-19 testing status in order to ensure that my workplace maintains an acceptable health and safety standard for my co-workers and visitors to the State's workspace, that I am required to provide accurate information in response to the questions above, and that failure to do so may result in disciplinary action. I certify that I have accurately and truthfully answered the questions above.

I understand that the Department of Human Resources may request documentation of completion of COVID-19 testing on a weekly basis. I understand that failure to provide documentation of testing upon request may result in disciplinary action.

I understand that any additional documentation or other confirmation of testing provided by me to my employer (the State of Delaware) is considered medical information and will be kept in a confidential medical file.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purposes of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A, may be provided by electronic initials or name, or e-mail confirmation. Authorizations provided on this form will expire one (1) year from the date submitted.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT COMPLETED FORM TO [CovidCert@delaware.gov](mailto:CovidCert@delaware.gov)  
PLEASE DO NOT INCLUDE TESTING PROOF WITH THIS SUBMISSION.**

*This policy is not intended to create any individual right or cause of action not already existing and recognized under State and Federal law.*