

COVID-19 Employee Self-Certification to Return to Work

I attest to the following:

I have had no fever for at least three (3) days without taking medication to reduce fever during that time.

Date of last fever of 100.4 degrees or higher: _____

My respiratory symptoms (cough, shortness of breath and/or loss senses) have improved.

Date respiratory symptoms began improving: _____

I had no respiratory symptoms

At least ten (10) days have passed since my fever and/or respiratory symptoms began.

Date fever and/or respiratory symptoms began: _____

Employee Name:

Employee Signature:

Date:

Date Returned to Work:



