

COVID-19 Employee Self-Certification to Return to Work

I, _____, attest to the following:

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

Date of last fever of 100.4 degrees or higher: _____

My respiratory symptoms (cough and shortness of breath) have improved for at least three days.

Date respiratory symptoms began improving: _____ (write N/A if no symptoms present)

At least seven days have passed since my fever and/or respiratory symptoms began.

Date fever and/or respiratory symptoms began: _____

Employee name: _____

Employee signature: _____

Today's date: _____

Date returned to work: _____

