

COVID-19 Employee Self-Certification to Return to Work



Please check the box below that applies to your situation:

- My absence was because **I was sick and was unrelated to COVID-19**. I acknowledge that I have been completely symptom-free for at least 24 hours without using medication to treat the symptoms.
- My absence was because **I had COVID-19 symptoms or a confirmed diagnosis of COVID-19** and I have met the below requirements to return to work:
- I have been without a fever for at least 72 hours without the use of fever-reducing medication, if applicable
 - My coughing and shortness of breath have improved, if applicable
 - At least 7 days have passed since my symptoms first appeared or I have received two negative tests in a row, if applicable
- My absence was because **I was quarantined due to travel or other reasons**. I acknowledge that I have not been ill with any type of illness or symptoms, including a fever (100.4 or higher), coughing, shortness of breath, runny nose, or other symptoms in the last 14 days.

By signing below, I acknowledge that the information provided above is true and accurate. I also acknowledge that I am well enough to return to work.

Employee Signature: _____ Date: _____

Employee Name Printed: _____

Temperature Reading: _____ °F