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.

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

At least ten 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: _____

The following is provided for an employee's personal use to document his or her symptoms and recovery. This page should not be provided to the employer but kept for the employee's personal records.

Date symptoms began: _____

Date of last fever of 100.4 degrees or higher: _____

Date respiratory symptoms began improving: _____

Date	Temperature	Respiratory symptoms? (Y/N)	Other symptoms or notes