

## COVID-19 RETURN TO WORK CERTIFICATION

In order to return to work after having COVID-19 or thinking that you had COVID-19 based on symptoms, we require that employees certify they meet the current CDC guidelines to return to work in order to keep our employees and the workplace safe.

I, \_\_\_\_\_, attest to the following:

**1. If no symptoms.** I tested positive for COVID-19 but had no symptoms and continue to have no symptoms, and understand that I may return to work 10 days after my positive test.

Check here if you tested positive for COVID-19 but had no symptoms: \_\_\_\_\_

Date of positive test: \_\_\_\_\_

**2. If symptoms.** I tested positive for COVID-19 and had symptoms, or I experienced COVID-19 symptoms but did not get tested, and understand that I may return to work:

a. 10 days after my symptoms appeared, and

b. I have had no fever for at least 24 hours without taking fever reducing medication, and c. My symptoms are improving.

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

Date fever and/or symptoms began: \_\_\_\_\_

b. I have had no fever for at least 24 hours without taking medication to reduce fever during that time.

c. Date of last fever of 100.4 degrees or higher: \_\_\_\_\_ (write N/A if no fever)

My symptoms have improved.

Date symptoms began improving: \_\_\_\_\_

Employee name: \_\_\_\_\_

Employee signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date to return to work: \_\_\_\_\_