



A FRANCHISEE OF BURGER KING CORPORATION

COVID-19

RETURN TO WORK – DECLARATION FORM

Employee Name: _____

Store: _____ **Date:** _____

I _____, have either tested positive or been required to quarantine because of my exposure to the Coronavirus. I first tested positive or was advised to quarantine on ____ / ____ / _____. I have completed the mandatory 14 day quarantine as of ____ / ____ / _____ and am able to return to my usual duties at work.

I am attaching a copy of either my negative re-test report if test was performed with a letter from my doctor as to my current health or I am self-certifying that I have been symptom free for at least 72 hours.

Signature

Date