



***Employee Self Certification to Return to Work
After Exhibiting Symptoms of COVID-19 or
Testing Positive for COVID-19***

(Use if unable to get a Doctor's Note)

I, _____, certify that for at least 1 day (24 hours) I have been free of a fever (with a temperature under 100.4) without the use of fever-reducing aides; and have shown significant improvement in symptoms (e.g., cough, shortness of breath); AND, at least 10 days have passed since symptoms first appeared. I understand that if I do show further signs of having COVID-19 (e.g., fever, cough, or shortness of breath), I must inform my supervisor immediately, and they may direct me to stay away from work.

Signature

Date