

Covid-19 Attestation Document

I, _____, attest to the following:

I have had no fever of 100.4 degrees or higher for at least three days without taking medication to reduce fever during that time. (circle one) YES or NO

Date of last fever of 100.4 degrees or higher: _____ (write N/A if not applicable).

I have had no respiratory symptoms such as cough or shortness of breath. (circle one) YES or NO

My respiratory symptoms (cough and shortness of breath) have improved. (if applicable) (circle one) Yes or No

Date respiratory symptoms began improving: _____ (write N/A if not applicable)

At least ten days have passed since my fever and/or respiratory symptoms began. (if applicable) (circle one) YES or NO

Date fever and/or respiratory symptoms began: _____ (write N/A if not applicable)

I have not traveled to one of the restricted states or counties within the last 14 days. (circle one) YES or NO

Date last traveled to a restricted state or county _____ (write N/A if not applicable)

State or County traveled to _____ (write N/A if not applicable)

Did you follow CDC guidelines to self-quarantine? (circle one) YES or NO

If NO, why? _____

Employee name: _____

Employee signature: _____

Today's date: _____

Date returned to work: _____