



Return to Work: Coronavirus Health Statement

I, _____ (print name), am returning to work after an absence from my workplace for the period of (list date/dates): _____ - _____.

I attest and confirm on this date _____, 2020 at _____ that I am not exhibiting any symptoms of the Coronavirus. Symptoms include, but are not limited to fever, shortness of breath and/or coughing.

I agree that if at any time, I should I exhibit any symptoms of the disease referenced above that I will notify my supervisor/manager and not return to my workplace until I am certified in writing by a physician that I am not contagious.

Employee's Signature

Date

Original Copy to HR