



Your mission. Together.

COVID-19 Team Member Self-Certification to Return to Work

*Instructions: The team member should attest to **ONE** section based on the specific CDC strategy they are using to self-certify their return to work after displaying COVID-19 symptoms and/or testing positive for COVID-19. Managers – please work with the People Department at HQ through this process.*

Strategy #1: CDC Symptom-Based Strategy

I, _____, attest to the following:

I have had no fever for at least three days without taking medication to reduce fever during that time.

Date of last fever of 100.4 degrees or higher: _____

My other symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, and/or any other COVID-19 symptoms as designated by the [CDC's website](#)) have improved, and it's been at least 10 days since symptoms first appeared.

Date symptoms first appeared: _____

Strategy #2: CDC Test-Based Strategy (Symptomatic):

I, _____, attest to the following:

I have had no recent fever without the use of fever-reducing medications.

Date of last fever of 100.4 degrees or higher: _____

My other symptoms (cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, and/or any other COVID-19 symptoms as designated by the [CDC's website](#)) have improved.

Date symptoms began improving: _____

I have had negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

Date of first negative test: _____ Date of second negative test: _____



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Strategy #3: CDC Time-Based Strategy (Asymptomatic):

I, _____, attest to the following:

I had laboratory-confirmed COVID-19 but did not have any symptoms.

The date of my first positive COVID-19 diagnostic test was _____, and I have remained asymptomatic for the last ten days.

Strategy #4: CDC Test-Based Strategy (Asymptomatic):

I, _____, attest to the following:

I had laboratory-confirmed COVID-19 but did not have any symptoms.

I have had negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

Date of first negative test: _____ Date of second negative test: _____

Attestation:

By signing below, I, employee, am certifying that the statements in the section above in which I am attesting to are true and correct, and based on this, I am self-certifying my safe return-to-work. I understand that giving misleading or false information on this document may result in disciplinary action, up to and including termination of employment.

Team Member Name:
Team Member Signature:
Today’s Date:

Manager Name:
Manager Signature:
Today’s Date:



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COVID-19 Team Member Symptom Tracking Form

The following may be provided for a team member's personal use to document their symptoms and recovery. This is not required, and the team member should not provide the form back to SSA, but it can be kept for the team member's personal records.

Date symptoms began: _____

Date of last fever of 100.4 degrees or higher: _____

Date symptoms began improving: _____

Date	Temperature	Symptoms (Y/N)	Notes