COVID-19 Self-Certification to Return to Work	Check one: EMPLOYEE VOLUNTEER
I,, attest to the following	; :
I have had no fever for at least three days without tal	king medication to reduce fever during that time.
Date of last fever of 100.4 degrees or higher:	
My respiratory symptoms (cough and shortness of bre	eath) have improved .
Date respiratory symptoms began improving:	(write N/A if no symptoms present)
At least ten days have passed since my fever and/or a	respiratory symptoms began.
Date fever and/or respiratory symptoms began	::
Name:	
Signature:	If signing electronically please type your full name, followed by "e-signed"
Today's date:	
Date returned to work:	
******	*******
to document his or he This portion of the page <u>should not be</u>	employee's or volunteer's personal use r symptoms and recovery. provided to Mission Waco Mission World or volunteer's personal records.
Date symptoms began:	

Date of last fever of 100.4 degrees or higher:

Date respiratory symptoms began improving:

Date	Temperature	Respiratory Symptoms?	Other Symptoms or notes