



Council of Athabaskan Tribal Governments
Kwaiik'it Gwekhekwaii Naji
Yukon Flats Health Center
P.O. Box 309
Fort Yukon, Alaska 99740
(907) 662-2460
"Protecting and enhancing our tribal members, communities & culture through self-governance"

Name (print): _____ Date: _____



COVID-19 RETURN TO WORK ATTESTATION

Employee, please complete the following attestation and submit to your supervisor prior to returning to work.

1. In the past (2) two weeks have you returned from out of state, OR been in close contact with someone who has returned from out of state in the last 14 days OR have you been to a city in-state that is a known hot spot or known for community spread of COVID-19 virus?
 Yes
 No
2. In the past (2) two weeks, have you had close contact with someone who has COVID-19, has been ill with a cold or upper respiratory illness, or has been tested for COVID-19? Close Contact = within 6 feet of someone for longer than 10 minutes.
 Yes
 No
3. Are you currently experiencing ANY of the following: fever, cough, new shortness of breath, symptoms of the common cold, sore throat, muscle aches, rash, new diarrhea, or an abnormal sense of smell or taste?
PLEASE MARK YES IF YOU HAVE EVEN ONE OF THESE SYMPTOMS!
 Yes
 No
4. Do you understand that if any of the above answers would change as indicated, you must notify your supervisor immediately and go home?
 Yes
 No
5. If you answered "Yes" to any questions, please call your supervisor for further evaluation and approval prior to returning to work.