



**FORT BRAGG NORTH CAROLINA**  
**DEPARTMENT OF PUBLIC HEALTH**  
 PREVENT. PROMOTE. PROTECT.

**Return to Work Certificate**

Name: \_\_\_\_\_ Today's Date:  

Job Position/Grade/Series/Rank: \_\_\_\_\_

Supervisor/Command: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor/Command telephone number: \_\_\_\_\_

Employee was evaluated on   (date) and isolated due to medical condition.

**Reason for evaluation:**

- Medical condition requires isolation for 10 days
- Other (Explain below)

You were evaluated on  . You meet public health guidelines for return to work (10 days since symptom onset, 24 hours since last fever with no fever reducing medications, and improving symptoms). Please contact your provider for clinical follow up if your symptoms are not improving.

**Recommendation:**

- Able to return to work without restriction on
- Unable to return to work until 10 Days since onset of symptoms & 24 hours of no fever/improving symptoms. Please visit the Womack website at <https://womack.tricare.mil> for additional information or call 910-907-2778 (907-APPT) to schedule a follow up appointment with your WAMC Primary Care Provider (as applicable).

**The date you were actually screened**

**The date you can return to work**

Physician or other licensed practitioner stamp or signature – \* required fields

\*Signature: \_\_\_\_\_  
 \*Print Name: \_\_\_\_\_  
 \*Occupation: \_\_\_\_\_  
 \*Clinic: \_\_\_\_\_  
 \*Phone/Email: Visit <https://womack.tricare.mil> for questions

**Completed by  
the  
Emergency  
Department**

*Stamp*

