

Child Care After COVID-19 Return Attestation

This attestation can be completed by a parent/guardian or a staff member. It does not need to be completed by a healthcare provider.

Name of student/staff: _____ Date of birth: _____ Phone: _____

School/program name: _____ Dates of absence: _____

Check all symptoms that the person had:

If you have any ONE of the symptoms below, you must be tested for COVID-19 with a PCR* unless you have prior documentation of another illness from your healthcare provider.	YES	NO
Cough		
Shortness of breath or difficulty breathing		
Loss of taste		
Loss of smell		
Fever (temperature higher than 100.4° or felt feverish to the touch)		
Chills		
Muscle or body aches		
Headache		
Sore throat		
Fatigue		
Congestion or runny nose		
Nausea or vomiting		
Diarrhea		

* If the PCR test is negative, the person can return to work/school/child care when they have had no fever for 24 hours without the use of a fever-reducing medication and symptoms have improved. If the test is positive, the person must follow RIDOH isolation instructions.

Date symptoms started: _____ Date symptoms ended: _____

Child/staff person had a COVID-19 test during this absence?

I attest

☐ No; If no, why not: _____

☐ Yes; Date of test: _____ Test result: _____ Location of testing: _____

Isolation end date (if tested positive): _____

I attest that the individual is ready to return to work/school/child care and has:

☐ Not had a fever (temperature higher than 100.4°) in the last 24 hours

☐ Not taken any medicine for fever in the last 24 hours

☐ Improved symptoms and is back to usual health

Name of person attesting: _____

(parent/guardian if a minor)

Signature: _____ Date: _____

9/15/2021