

After COVID-19 Return Attestation

This attestation can be completed by a parent/guardian or 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 the person had any ONE of the MAJOR symptoms or any TWO of the MINOR symptoms below, they must be tested for COVID-19 with a PCR* unless they have prior documentation of another illness from their healthcare provider.	YES	NO
MAJOR SYMPTOMS		
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
RECENT LOSS OF TASTE OR SMELL		
MINOR SYMPTOMS		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
FATIGUE		
RUNNY NOSE OR STUFFY NOSE		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		

* If the PCR test result 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 result is positive, the person must follow RIDOH isolation instructions.

Date symptoms started: _____ Date symptoms ended: _____

Student/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 person 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 or staff person)

Signature: _____ Date: _____

10/6/2021