

# SMDHU COVID-19 ATTESTATION FORM FOR RETURN TO SCHOOL, CHILD CARE OR SPORT/RECREATION

Last revised: March 12, 2021

This form may be used by individuals (parents/guardians of children, students, school/child care and visitors, coaches or volunteers) to demonstrate compliance with health and safety requirements related to COVID-19, in order to return to school, child care or sport/recreational activities. Everyone has a responsibility to help reduce the spread of COVID-19 in our community, including through following these requirements.

Individual (named below) has been away from school, child care or sport/recreational activities due to [provincial COVID-19 Screening Tool](#) recommendation to 'Visit assessment centre for testing and/or seek medical advice, if required'

Name: [Click here to enter text.](#)

By completing and signing this form, the individual named above (or the individual's parent/guardian) agrees and confirms that all criteria have been met for at least *ONE* of the following situations:

**Received a negative COVID-19 Result** (all must be true):

- Had a negative COVID-19 test result
- Symptoms have been improving for at least 24 hours
- Has NOT been identified as a close contact of a person that has tested positive for COVID-19

**Received an alternative diagnosis** (ONE must be true)

- Has received alternative diagnosis that is non-infectious; OR
- Has received alternative diagnosis that is infectious (and highly unlikely to be COVID-19) **AND** symptoms have been improving for at least 24 hours.
  - COVID-19 can present as mild symptoms of an infection and we recommend COVID testing even for those with a single mild symptom.

**Not Tested for COVID-19 and did not receive an alternative diagnosis** (BOTH must be true)

- Has remained home for 10 days from the onset of symptoms
- Symptoms have been improving for at least 24 hours

**Been in close contact with a person that has tested positive for COVID-19**

- Has completed 14 days of isolation since the last time exposed to the person and
- Had a negative COVID-19 test result (recommended, not required) and remains asymptomatic

**Lives in household with an ill person not tested for COVID-19 and who did not receive an alternative diagnosis**

- Has completed 14 days of isolation since the last time exposed to the ill person and
- Had a negative COVID-19 test result (recommended, not required) and remains asymptomatic

**Received a positive COVID-19 Result** (ALL must be true):

- Has completed 10 days of isolation after the onset of symptoms
- No longer has a fever
- Symptoms have been improving for at least 24 hours

Name of Individual/Parent/Guardian: [Click here to enter text.](#)

Signature: [Click here to enter text.](#)