

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

This form may be used by individuals (parents/guardians of children, students, school/child care staff 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.

The individual (named below) has been away from school, child care or sport/recreational activities due to symptoms compatible with an [SMDHU assessment/ COVID Self-Assessment](#) recommendation to 'Visit assessment centre for testing and/or seek medical advice, if required'.

Name:

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 from a health care professional (one must be true)

- Has received alternative diagnosis that is non-infectious, **OR**
- Has received an alternative diagnosis that is infectious AND symptoms have been improving for at least 24 hours

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 a close contact with a person who has tested positive for COVID-19 (at least the first must be true)

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

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:

Signature: