



Back to School, Daycare, or Work Self-Attestation

We believe that doctor's notes are not an appropriate use of health system resources. They potentially put patients, teachers and contacts at further risk and physicians are not generally in a position to adjudicate such matters.

Instead, we feel that parents and families can use this "Self-Attestation" form to fill and assess whether or not it is safe or prudent to go back to school, daycare or work, and present it to these institutions if they need documentation.

Child's Name : _____

- ☐ My child was a close / family contact of someone who tested positive for COVID-19. My child has completed a 14-day period of isolation and has been directed by public health that it is safe to return to school or daycare.
- ☐ My child had symptoms compatible with COVID-19 infection. A COVID-19 test was performed and found to be NEGATIVE. My child has been symptom-free for more than 24 hours and may return to school or daycare as per public health guidelines.
- ☐ My child had symptoms compatible with COVID-19 infection. A COVID-19 test was not performed. My child has been symptom-free for more than 24 hours, has been isolated and observed for 14 days, and may return to school or daycare as per public health guidelines.
- ☐ My child had symptoms compatible with COVID-19 infection and a COVID-19 test was POSITIVE. My child has been isolated for a period of 14 days since the onset of symptoms has been directed by public health that it is safe to return to school or daycare.
- ☐ My child has chronic _____ that has been investigated by a physician. No change in their condition has occurred.

Date of COVID-19 test (if applicable): _____ ☐ positive ☐ negative

Parent / Guardian Name: _____

Parent / Guardian Signature: _____

Date: _____