

Back to School Confirmation Form

(For mature minors/adult students)

Please check only one box and complete this form to confirm that you are healthy and able to return to school. By signing this form, you are verifying that the information is true. Return the completed form to your school principal. For more information, please see [Screening for Children/Students/Adults](#). Please note: It is up to each school/school board to decide if they choose to accept and use this form.

Student Name: _____

I was ill/absent:

- ☐ I have completed my required self-isolation period based on my symptoms or test result. I do not have a fever (without the use of medication) and my symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting, diarrhea).
- ☐ A health care provider confirmed that I do not have COVID-19 and has diagnosed a condition that is not related to COVID-19. My symptoms have been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).
- ☐ I only had **one** of the following symptoms: sore throat, headache, feeling very tired, runny nose/nasal congestion, muscle aches/joint pain, nausea/vomiting/diarrhea or I was generally unwell **and** I was not a close contact of someone with COVID-19. My symptom has been improving for more than 24 hours (48 hours for nausea, vomiting, diarrhea).
- ☐ I was not at school for other reasons. I am not sick and do not have any symptoms of illness, including no symptoms of a respiratory infection.

Someone in my household (e.g. parent, sibling) was ill with symptoms of COVID-19 or has tested positive for COVID-19:

- ☐ I stayed home for the duration of the household member's isolation period. I can return to school now.
- ☐ I did not need to self-isolate because one of the following applies: I had a confirmed COVID-19 infection within 90 days*, or I am 18+ and boosted**, or I am 17 years or younger and fully vaccinated***.

Recent travel outside of Canada:

☐

I have returned from travel outside of Canada and has followed [federal requirements for travellers for quarantine and testing after returning from international travel](#). I am well with no symptoms.

Date of COVID-19 test (if applicable): _____ (day/ month/ year)

I declare that I am well, and I am able to return to school based on the [Screening for Children/Students/Adults](#).

Student's Name: _____

Signature: _____ Date: _____ (day/ month/ year)

Return the completed form to the school principal.

Please note: It is up to each school/school board to decide if they choose to accept and use this form.

*Confirmed COVID-19 infection within 90 days means: if tested positive within 90 days on a Rapid Antigen, or a PCR test AND completed self-isolation. Then, do not need to self- isolate if someone in the home has symptoms.

**Boosted means received a booster dose 3 months or more after a primary vaccine series.

***[Fully vaccinated](#) is 14 days or more after getting a second dose of a COVID-19 vaccine series or as defined by the Ontario Ministry of Health.