

Back to School Confirmation Form

(For mature minors/adult students)

Please complete this form to confirm that you are healthy and able to return to school. Check only one box. By adding your signature, you are verifying that the information is true. Return the completed form to your school principal.

Your name: _____

I was absent from school because of a suspected illness:

My health care provider has confirmed that I do not have COVID-19, and my symptoms have been improving for more than 24 hours.

I had ONE of the following symptoms: sore throat, stuffy/runny nose, headache, nausea/vomiting/diarrhea, or muscle ache/fatigue. My symptom has improved for 24 hours.

Note: If your symptom has not improved in 24 hours or if you had more than one symptom, you need to be tested for COVID-19 or stay home and self-isolate for 10 days.

I tested negative for COVID-19 and my symptoms have improved for more than 24 hours.

I had COVID-19 symptom(s), did not go for testing, and have completed 10 days of self-isolation from when the symptoms started. I do not have fever (without the use of medication) and my symptoms have been improving for at least 24 hours.

I tested positive for COVID-19 and have completed 10 days of self-isolation from when the symptom(s) started (or the test was done). I was not hospitalized. I do not have a fever (without the use of medication), and my symptoms are improving.

I was identified as a close contact of someone who tested positive for COVID-19:

I tested negative for COVID-19 and have completed 14 days of self-isolation.

I tested positive for COVID-19 and have completed 10 days of self-isolation, from when the symptoms started (or the test was done). I was not hospitalized. I do not have a fever (without the use of medication), and my symptoms are improving.

I did not have a COVID-19 test, but I have completed 14 days of self-isolation and I am well with no symptoms.

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

I declare that I am well, and able to return to school.

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

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