

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 adding your signature, you are verifying that the information is true. Return the completed form to your school principal. *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:

- I tested negative for COVID-19 and my symptoms have been improving for more than 24 hours.
- I did not have a COVID-19 test, but have completed 10 days of self-isolation from when the symptom(s) started. I do not have a 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.
- The 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. I do not have a cold or respiratory infection.

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

- The household member tested negative for COVID-19, and I can return to school now.
- The household member had a health care provider confirm that they do not have COVID-19 and has diagnosed a condition that is not related to COVID-19. Their symptoms have been improving for more than 24 hours. They are well and do not have a cold or respiratory condition. I can return to school now.
- The household member did not have a COVID-19 test, but I completed 14 days of self-isolation. I am well with no symptoms.

Close contact of someone who tested positive for COVID-19:

- I was a close contact of someone who tested positive for COVID-19 and have completed 14 days of self-isolation. I am well with no symptoms.
- A household member was a close contact of someone who tested positive for COVID-19. I stayed home for the required 14 days of self-isolation. Myself and the rest of my household are all well with no symptoms.

Recent travel outside of Canada:

Myself or a member of my household returned from travel outside of Canada. I stayed home for the 14 day travel quarantine period, and 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.

Student's Name: _____

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