

# After Illness Return Attestation

This attestation can be completed by a parent/guardian or staff member. It does not need to be completed by a healthcare provider.

Name of student/staff: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Program name: \_\_\_\_\_ Dates of absence: \_\_\_\_\_

Check all symptoms that the person had:

If the person had any ONE of the MAJOR symptoms or any TWO of the MINOR symptoms below, they must be tested for COVID-19 with a PCR* unless they have prior documentation of another illness from their healthcare provider.	YES	NO
<b>MAJOR SYMPTOMS</b>		
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
RECENT LOSS OF TASTE OR SMELL		
<b>MINOR SYMPTOMS</b>		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
FATIGUE		
RUNNY NOSE OR STUFFY NOSE		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		

\* If the PCR test result is negative, the person can return to work/school/child care when they have had no fever for 24 hours without the use of a fever-reducing medication and symptoms have improved. If the test result is positive, the person must follow RIDOH isolation instructions.

Date symptoms started: \_\_\_\_\_ Date symptoms ended: \_\_\_\_\_

Student/staff person had a COVID-19 test during this absence?

I attest

No; If no, why not: \_\_\_\_\_

Yes; Date of test: \_\_\_\_\_ Test result: \_\_\_\_\_ Location of testing: \_\_\_\_\_

Isolation end date (if tested positive): \_\_\_\_\_

I attest that the person is ready to return to work/school/child care and has:

Not had a fever (temperature higher than 100.4°) in the last 24 hours

Not taken any medicine for fever in the last 24 hours

Improved symptoms and is back to usual health

Name of person attesting: \_\_\_\_\_

(parent/guardian or staff person)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11/8/2021