After-Illness Return Attestation

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

Name of student/staff:
Date of birth:
Phone number:
School/program name:
Dates of absence:
Check all symptoms that the person had:

✓	Symptoms	Must Be Tested For COVID-19*
	Cough	Yes
	Shortness of breath or difficulty breathing	Yes
	Loss of taste	Yes
	Loss of smell	Yes
	Fever (temperature higher than 100.4° or felt feverish to the touch)	Yes, if two or more of these symptoms No, if only one of these symptoms
	Chills	
	Muscle or body aches	
	Headache	
	Sore throat	
	Fatigue	
	Congestion or runny nose	
	Nausea or vomiting	
	Diarrhea	

* If the test 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 (back to usual health). If the test 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?

- ☐ No; If no, why not:_____
- ☐ Yes; Date of test: _____
  Test result: _____
  Location of testing:_____
  Isolation end date (if tested positive): _____

I attest that the student is ready to return to school 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 if a minor)
Signature: _____ Date: _____