

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.*

Your name: _____

I was absent from school because of a suspected illness or have symptoms:

- 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 do not have a cold or respiratory infection.
- I tested negative for COVID-19 and my symptoms have improved for more than 24 hours.
- I did not go for a COVID-19 test, but I have completed 10 days of self-isolation from when the symptoms 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 did not need hospital care. I do not have a fever (without the use of medication), and my symptoms are improving.

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

My sibling/child in my household had symptoms of COVID-19:

- My sibling tested negative for COVID-19, so I can return to school now.
- My sibling did not have a COVID-19 test, but my sibling and I completed 10 days of self-isolation. 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)