



Saint Philip School

Return to School (After Absence) Attestation Form

This attestation may be completed by a parent/guardian. It does not need to be completed by a healthcare provider.

SECTION 1

Name of student/staff: _____

Dates of absence(s): _____

- Doctor/dentist appointment – non COVID-19 related (provide excuse note from doctor) – (Skip to Section 4)
- Family Commitment (ex., wedding, funeral, etc.) – (Skip to Section 4)
- Non-illness COVID-19 related absence due to “Close Contact” (Complete Sections 3 & 4)
 - Quarantine (according to RIDOH guidance) complete
 - Remained asymptomatic
- COVID-19 Related Illness/Symptoms – (Complete Sections 2 & 4)
- Other Illness – non COVID-19 related – (Complete Sections 3 & 4)
- Other – (Complete Sections 3 & 4)

SECTION 2

COVID-19 Related Symptoms Chart ~ Check all symptoms that the person had:

✓	Symptoms	Must Be Tested For COVID-19*
<input type="checkbox"/>	Cough	Yes
<input type="checkbox"/>	Shortness of breath or difficulty breathing	Yes
<input type="checkbox"/>	Loss of taste	Yes
<input type="checkbox"/>	Loss of smell	Yes
<input type="checkbox"/>	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
<input type="checkbox"/>	Chills	
<input type="checkbox"/>	Muscle or body aches	
<input type="checkbox"/>	Headache	
<input type="checkbox"/>	Sore throat	
<input type="checkbox"/>	Fatigue	
<input type="checkbox"/>	Congestion or runny nose	
<input type="checkbox"/>	Nausea or vomiting	
<input type="checkbox"/>	Diarrhea	

* If the test is negative, the person can return to work/school 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: _____

(continued on next page)

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): _____

SECTION 3

Please explain circumstances of *Non-illness COVID-19 Related Absence due to "Close Contact"; Other Illness – non COVID-19 related; or Other* from Section 1:

SECTION 4

*** 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: _____

Signature of person attesting: _____

Date: _____

As of August 31, 2020