



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”, travel, etc. (Complete Sections 3 & 4)
 - Quarantine (according to RIDOH guidance) complete
 - Remained asymptomatic
- COVID-19 Related Illness/Symptoms (provide test results if testing was done) – (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. (Test results must be attached to this form.)

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 (*documentation of results must be attached*): _____

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", travel, etc.; 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 October 23, 2020