



After-Illness Return Attestation ~Close Contact Return Attestation Form

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:
Date/s of absence:

Check all symptoms that the person had:

✓	Symptoms	After-Illness Return Must Be Tested For COVID-19*	~Close Contact Return Must Be Tested For COVID-19*
	Cough	Yes	Yes
	Shortness of breath or difficulty breathing	Yes	Yes
	Loss of taste	Yes	Yes
	Loss of smell	Yes	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	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): _____

~Please provide a copy of TEST results.

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: _____