



RIDE



### After COVID-19 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:

✓	If you have any of the symptoms below, you must be tested for COVID-19 with a PCR*
	Cough
	Shortness of breath or difficulty breathing
	Loss of taste
	Loss of smell
	Fever (temperature higher than 100.4° or felt feverish to the touch)
	Chills
	Muscle or body aches
	Headache
	Sore throat
	Fatigue
	Congestion or runny nose
	Nausea or vomiting
	Diarrhea

\*If the PCR 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. 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: \_\_\_\_\_