



RIDE Rhode Island
Department
of Education



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: _____