



After-Illness 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:

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

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: _____