

Return to School Attestation – COVID-19

Students with symptoms compatible with COVID-19 will contact their primary healthcare provider, a regional assessment center or local public health unit for guidance. The healthcare professional will recommend one of the following:

- Proceed with a COVID-19 Test.
- B. Continue to self-monitor, as the symptoms are not due to COVID-19.

A. If a COVID-19 test is recommended:

- The student must remain in isolation and cannot attend school in person while he/she is waiting for test results.
- Siblings and household members may remain at school if they are asymptomatic. They will continue to self-monitor for symptoms.

If the test result is negative for COVID-19:

- The student can return to school after symptoms have resolved for at least 24 hours.
- The family will complete the attestation form.

If the test result confirms a case of COVID-19:

- The student will remain in isolation until the following three conditions have been met:
 - o He/she has isolated for 14 days after the onset of symptoms, and
 - He/she no longer has a fever, and
 - o His/her symptoms have been improving for at least 72 hours.
- The family will complete the attestation form.

If the student has been directed to be tested, but is not tested for COVID-19:

- The student must self-isolate for 14 days from the onset of symptoms **and** be symptom-free for at least 24 hours before returning to school.
- The family will complete the attestation form.
- B. If a COVID-19 test is not recommended by the healthcare provider or the regional assessment center or health unit due to a pre-existing condition or alternate diagnosis (such as seasonal allergies or asthma):
 - The student can return to school if the symptoms have been resolved for at least 24 hours.
 - The family will complete the attestation form.



Return to School Attestation Form

Student Name	
School	
I attest that:	
•	is been tested for COVID-19 as directed by a healthcare professional, and test results e. I am confirming that my child's symptoms have been resolved for at least 24 hours.
confirmed a since the or	is been tested for COVID-19 as directed by a healthcare professional, and test results a positive case of COVID-19. I am confirming that my child has self-isolated for 14 days nest of symptoms, and my child no longer has a fever and my child's symptoms have bying for at least 72 hours.
professiona	as not been tested for COVID-19 despite being advised to do so by a health care al. I am confirming that my child has self-isolated for 14 days since the onset of and that my child's symptoms have been resolved for at least 24 hours.
	re professional did not recommend a COVID-19 test as my child's symptoms are not COVID-19. I am confirming that my child's symptoms have been resolved for at least
	re professional did not recommend a COVID-19 test as my child's symptoms are not nor related to COVID-19.
Parent/Guardian	Signature:
Date Signed:	
The information collec Personal Information N	ted is in accordance with NCDSB Policy P-4 Personal Information Management and Procedure APP024 Management.
Regional Assessment (Centre Contact Information: https://covid-19.ontario.ca/assessment-centre-locations/
Porcupine Health Unit Contact Information: https://www.porcupinehu.on.ca	
Timmins: 705-267-118	Toll Free: 1-800-461-1818
Timiskaming Health U New Liskeard: 705-64	nit Contact Information: https://www.timiskaminghu.com 7-4305 Kirkland Lake: 705-567-9355 Englehart: 705-544-2221

Toll Free: 1-866-967-9355

Toll Free: 1-866-747-4305

Toll Free: 1-877-544-2221