



**Dr. Saba Merchant, MD, FRCPC
& Associates**

Back to School / Back to Daycare / Back to Work Self Attestation

We believe that Doctor's notes are not an appropriate use of health system resources; they potentially put patients, teachers and contacts at further risk and physicians are not generally in position to adjudicate such matters.

Instead we feel that parents and families can use this "Self-Attestation" form to fill and assess where or not it is safe or prudent to school/daycare or work. Please be honest and responsible when completing the checklist as the continued control of spread of virus in our community depends on strategies to keep those who may spread the disease away from others. Please check the boxes below when going back to school, daycare or work:

Child's name: _____

- ☐ My child was a close/family contact of someone who tested positive for COVID-19. My child tested NEGATIVE for COVID-19. He or she has been isolated and observed for 14 days, remains symptom free, and may return to school or daycare as per Public Health guidelines.
- ☐ My child was a close/family contact of someone who tested positive for COVID-19. My child did not have a COVID-19 test done but has completed a 14-day period of isolation and has been directed by public health that it is safe to return to school or daycare.
- ☐ My child had symptoms compatible with COVID-19 Infection. A COVID-19 test was performed and found to be NEGATIVE. My child has been symptom free for more than 24 hours and may return to school or daycare as per Public Health guidelines.
- ☐ My child had symptoms compatible with COVID-19 Infection. A COVID-19 test was not performed. My child has been symptom-free for more than 24 hours, has been isolated and observed for 14 days, and return to school or daycare as per Public Health guidelines.
- ☐ My child was sent home from school or daycare, but their symptoms are due to medical condition felt to be unrelated to COVID. My child has been observed for 24 hours with no signs of illness.

Date of Negative COVID-19 test: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____