



COVID-19 Self-Attestation Form for Return to Usual Activities

The position of the Vaughan Pediatric Clinic, the Pediatric Section of the OMA and the Ontario Medical Association's position is that doctor's notes for clearance to return to work, school, daycare or recreational activities are not an appropriate use of primary care resources, especially while COVID-19 causes unprecedented strain on the health-care system. Requiring doctor's notes may also increase risk of exposure for patients. The Ontario Ministry of Health also recommends against requiring doctor's notes to clear students and staff to return to school after suspected/confirmed cases of COVID-19.

Instead, we recommend that individuals and parents complete this COVID-19 Self-Attestation Form to assess whether it is safe and/or prudent to return to work, school, daycare or recreational activities according to COVID-19 clearance guidance from the Ontario Ministry of Health.

Please be honest and responsible when completing the form. Controlling COVID-19 in our community depends on your actions to keep those who may spread the disease away from others.

Check the applicable box/es below before returning to work, school, daycare or recreational activities:

Name of individual: _____

Had symptoms compatible with COVID-19 infection AND:

- a **COVID-19 test was POSITIVE**. 14 days have passed since the date of the test. No fever is currently present and symptoms have resolved or have been improving for at least 72 hours.
- a **COVID-19 test was NEGATIVE**. Symptoms have been resolved for at least 24 hours.
- a **COVID-19 test was NOT PERFORMED**. 14 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for at least 72 hours.
- Had a POSITIVE COVID-19 test (did not have symptoms)**. 14 days have passed since the date of the test and no symptoms are present.
- Had exposure to someone with a confirmed case of COVID-19**. 14 days have passed since the date of exposure and no symptoms are present.
- Travelled internationally**. 14 days have passed since returning from travel and no symptoms are present.

Date of COVID-19 test (if applicable): _____

Individual/Parent/Guardian Name: _____

Individual/Parent/Guardian Signature: _____

Date: _____