



**RIDE** Rhode Island  
Department  
of Education



## 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*
<input type="checkbox"/>	Cough	Yes
<input type="checkbox"/>	Shortness of breath or difficulty breathing	Yes
<input type="checkbox"/>	Loss of taste	Yes
<input type="checkbox"/>	Loss of smell	Yes
<input type="checkbox"/>	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
<input type="checkbox"/>	Chills	
<input type="checkbox"/>	Muscle or body aches	
<input type="checkbox"/>	Headache	
<input type="checkbox"/>	Sore throat	
<input type="checkbox"/>	Fatigue	
<input type="checkbox"/>	Congestion or runny nose	
<input type="checkbox"/>	Nausea or vomiting	
<input type="checkbox"/>	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: \_\_\_\_\_