

OMA COVID-19 Attestation Form Package

This package contains forms that can be used instead of a doctor's note for return to usual activities.



For parents and caregivers completing a form on behalf of their child:

- ▶ If your child had **one or more symptoms**, go to page 2.
- ▶ If your child **did NOT have symptoms**, go to page 4.



For individuals completing a form to return to work:

- ▶ If you are **fully vaccinated**, go to page 7.
- ▶ If you are **unvaccinated or partially vaccinated**, go to page 9.

Fully vaccinated means a second dose of a Health Canada approved COVID-19 vaccine was received at least 14 days ago. Health Canada approved vaccines include Pfizer, Moderna, AstraZeneca or Janssen. You are also considered fully vaccinated if you received one or two doses of a vaccine not approved by Health Canada followed by one dose of Pfizer or Moderna, or three doses of a vaccine not approved by Health Canada.

Unvaccinated means that no COVID-19 vaccine doses were received.

Partially vaccinated means the full vaccination series was not completed (for example, receiving only one dose or receiving a second dose less than 14 days ago).

NOTE: These forms are NOT for:

- health care workers,
- individuals who are severely immune compromised (for example, those undergoing cancer chemotherapy, have an untreated HIV infection, or are taking immune suppressive medications), or
- individuals who received care for COVID-19 in a hospital Intensive Care Unit (ICU)
- long term care home residents.

COVID-19 Parent/Caregiver Attestation Form: Return to School and Child Care for Children *with* Symptoms

Use this form instead of asking your doctor for a note to say that it is safe for your child to return to school, child care, or recreational activities. This tool is based on the COVID-19 clearance guidance from the Ontario Ministry of Health.

Doctors' notes for clearance to return to work, recreational activities, school or child care are not an appropriate use of primary care resources, especially while COVID-19 causes unprecedented strain on the health-care system. Requiring doctors' notes may also increase risk of exposure for patients. The Ontario Ministry of Health recommends against requiring doctors' notes to clear students and staff to return to school.

Please be honest when completing the form. Controlling COVID-19 in our community depends on you. Check the applicable box/es below before sending your child back to school, child care or recreational activities.

- **If your child is sick with any symptoms and/or is getting worse, they may still need medical care, even if it's not COVID-19. Children who are sick should stay home from school. If necessary, talk to your child's doctor.**

My child had one or more of the listed priority symptoms

Priority Symptoms (new, worsening, and not related to known causes or conditions)

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- decreased or loss of smell or taste
- nausea, vomiting and/or diarrhea

their COVID-19 test was POSITIVE. 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours, and they have been cleared by public health.

their COVID-19 test was NEGATIVE. Symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

they were NOT TESTED for COVID-19. 10 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.

COVID-19 Parent/Caregiver Attestation Form: Return to School and Child Care for Children *with* Symptoms

<p><input type="checkbox"/> My child had one or more of the listed secondary symptoms</p> <p>Secondary Symptoms (new, worsening, and not related to known causes or conditions)</p> <ul style="list-style-type: none"> • sore throat or difficulty swallowing • runny or stuffy nose • abdominal pain • headache • pink eye • decreased or lack of appetite 	<p><input type="checkbox"/> my child has NOT been exposed to someone with a confirmed case of COVID-19. Symptoms have resolved or have been improving for at least 24 hours.</p> <p>..... OR</p> <p><input type="checkbox"/> my child HAS been exposed to someone with a confirmed case of COVID-19</p> <p>AND</p> <p><input type="checkbox"/> their COVID-19 test was POSITIVE. 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.</p> <p><input type="checkbox"/> their COVID-19 test was NEGATIVE. Symptoms have been improving for at least 24 hours.</p> <p><input type="checkbox"/> they were NOT TESTED for COVID-19. 10 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.</p>
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Child's Name: _____

Today's Date: _____ **Date of COVID-19 test (if applicable):** _____

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

1. Ontario Ministry of Health: [COVID-19 Guidance: Primary Care Providers in a Community Setting](#)
2. Ontario Ministry of Health: [Quick Reference Public Health Guidance on Testing and Clearance](#)
3. Ontario Ministry of Health: [COVID-19 school and child care screening](#)
4. Ontario Ministry of Health: [High Risk Flow Chart](#)
5. Ontario Ministry of Health: [COVID-19 Reference Document for Symptoms](#)
6. Ontario Ministry of Health: [COVID-19 Fully Vaccinated Status in Ontario](#)

COVID-19 Parent/Caregiver Attestation Form: Return to School and Child Care *without* Symptoms

Use this form instead of asking your doctor for a note to say that it is safe for your child to return to school, child care, or recreational activities. This tool is based on the COVID-19 clearance guidance from the Ontario Ministry of Health.

Doctors' notes for clearance to return to work, recreational activities, school or child care are not an appropriate use of primary care resources, especially while COVID-19 causes unprecedented strain on the health-care system. Requiring doctors' notes may also increase risk of exposure for patients. The Ontario Ministry of Health recommends against requiring doctors' notes to clear students and staff to return to school.

Please be honest when completing the form. Controlling COVID-19 in our community depends on you. Check the applicable box/es below before sending your child back to school, child care or recreational activities.

<input type="checkbox"/> My child was exposed to someone with a confirmed case of COVID-19	<input type="checkbox"/> my child is fully vaccinated AND <input type="checkbox"/> their COVID-19 test was POSITIVE. 10 days have passed since the date of test, no symptoms are present, and they have been cleared by public health. <input type="checkbox"/> their COVID-19 test was NEGATIVE. No isolation is required; monitor child for symptoms for 10 days after exposure. <input type="checkbox"/> they were NOT TESTED for COVID-19. No isolation is required; monitor child for symptoms for 10 days after exposure. Child should get tested if it has been 10 days or less since the exposure. OR <input type="checkbox"/> My child is unvaccinated or partially vaccinated AND <input type="checkbox"/> their COVID-19 test was POSITIVE. 10 days have passed since the date of test and no symptoms are present. <input type="checkbox"/> their COVID-19 test was performed 7 days or more after the date of the exposure and was NEGATIVE. 10 days have passed since the date of exposure and no symptoms are present. <input type="checkbox"/> they were NOT TESTED for COVID-19. 10 days have passed since the exposure and no symptoms are present.
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COVID-19 Parent/Caregiver Attestation Form:
Return to School and Child Care *without* Symptoms

<p><input type="checkbox"/> My child lives with someone who had symptoms of COVID-19</p>	<p><input type="checkbox"/> my child is fully vaccinated. No isolation is required if no symptoms are present; monitor child for any symptoms.</p> <p>..... OR</p> <p><input type="checkbox"/> my child is unvaccinated or partially vaccinated</p> <p>AND</p> <p><input type="checkbox"/> the household member's COVID-19 test was NEGATIVE and the household member's symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).</p> <p><input type="checkbox"/> the household member's COVID-19 test was POSITIVE AND:</p> <p><input type="checkbox"/> the person(s) who tested positive was isolated from others in the home: 10 days have passed since the child's last exposure to the sick person.</p> <p><input type="checkbox"/> the person(s) who tested positive was not able to isolate from others in the home: 20 days have passed since the sick person first started showing symptoms.</p> <p><i>This reflects the 10-day infectious period of the positive individual + the 10-day incubation period of the child after their last exposure to the positive individual. If the positive individual was sick for longer than 10 days, seek advice from your public health unit.</i></p> <p><input type="checkbox"/> the household member was NOT TESTED for COVID-19. 10 days have passed since household member's symptoms began. The person who was sick does not have a fever and their symptoms have resolved or been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).</p>
<p><input type="checkbox"/> My child travelled outside of Canada. 14 days have passed since returning from travel and no symptoms are present.</p>	<p><input type="checkbox"/> My child is fully vaccinated. No isolation is required if no symptoms are present.</p> <p><input type="checkbox"/> My child is unvaccinated or partially vaccinated. 14 days have passed since returning from travel and no symptoms are present.</p>

COVID-19 Parent/Caregiver Attestation Form: Return to School and Child Care *without* Symptoms

Child's Name: _____

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

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

1. Ontario Ministry of Health: [COVID-19 Guidance: Primary Care Providers in a Community Setting](#)
2. Ontario Ministry of Health: [Quick Reference Public Health Guidance on Testing and Clearance](#)
3. Ontario Ministry of Health: [COVID-19 school and child care screening](#)
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5. Ontario Ministry of Health: [COVID-19 Reference Document for Symptoms](#)
6. Ontario Ministry of Health: [COVID-19 Fully Vaccinated Status in Ontario](#)

COVID-19 Self-Attestation Form: Return to Work for Fully Vaccinated Individuals 18+ Years Old

Use this form instead of asking your doctor for a note to say that it is safe for you to return to work. This tool is based on the COVID-19 clearance guidance from the Ontario Ministry of Health.

Doctors' notes for clearance to return to work, recreational activities, school or child care are not an appropriate use of primary care resources, especially while COVID-19 causes unprecedented strain on the health-care system. Requiring doctors' notes may also increase risk of exposure for patients. The Ontario Ministry of Health recommends against requiring doctors' notes to clear students and staff to return to school.

Please be honest when completing the form. Controlling COVID-19 in our community depends on you. Check the applicable box/es below before returning to work.

This form is intended for fully vaccinated individuals who received their second dose of a Health Canada approved COVID-19 vaccine at least 14 days ago (e.g. Pfizer, Moderna or AstraZeneca). You are also considered fully vaccinated if you received one or two doses of a vaccine not approved by Health Canada followed by one dose of Pfizer or Moderna, or three doses of a vaccine not approved by Health Canada.

▶ **Priority Symptoms**
(new, worsening, and not related to known causes or conditions)

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- decreased or loss of smell or taste
- fatigue, lack of energy
- muscle aches and pain

▶ **Secondary Symptoms**
(new, worsening, and not related to known causes or conditions)

- sore throat or difficulty swallowing
- runny or stuffy nose
- abdominal pain
- headache
- pink eye

I had one or more of the listed priority symptoms

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- decreased or loss of smell or taste
- fatigue, lack of energy
- muscle aches and pain

my COVID-19 test was POSITIVE. 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.

my COVID-19 test was NEGATIVE. Symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

I was NOT TESTED for COVID-19. 10 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.

COVID-19 Self-Attestation Form: Return to Work for Fully Vaccinated Individuals 18+ Years Old

<p><input type="checkbox"/> I had one or more of the listed secondary symptoms</p> <ul style="list-style-type: none"> • sore throat or difficulty swallowing • runny or stuffy nose • abdominal pain • headache • pink eye 	<p><input type="checkbox"/> I was exposed to someone with a confirmed case of COVID-19</p> <p>AND</p> <p><input type="checkbox"/> my COVID-19 test was POSITIVE. 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.</p> <p><input type="checkbox"/> my COVID-19 test was NEGATIVE. Symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea); self-monitor for symptoms for 10 days after exposure.</p> <p><input type="checkbox"/> I did NOT get tested for COVID-19. No isolation is required; you should get tested.</p> <p style="text-align: center;">..... OR</p> <p><input type="checkbox"/> I was NOT exposed to someone with a confirmed case of COVID-19. No isolation is required; you should self-monitor for symptoms for 10 days after exposure.</p>
<p><input type="checkbox"/> I did <u>not</u> have any of the listed symptoms <u>AND</u> my COVID-19 test was POSITIVE. 10 days have passed since the date of the test and no symptoms are present.</p>	
<p><input type="checkbox"/> I was exposed to someone with a confirmed case of COVID-19 or received a COVID Alert exposure notification on my cell phone. No isolation is required if no symptoms are present.</p>	
<p><input type="checkbox"/> I travelled outside of Canada. No isolation is required if no symptoms are present.</p>	

Name: _____ **Today's Date:** _____

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

Signature: _____

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2. Ontario Ministry of Health: [Quick Reference Public Health Guidance on Testing and Clearance](#)
3. Ontario Ministry of Health: [COVID-19 school and child care screening](#)
4. Ontario Ministry of Health: [High Risk Flow Chart](#)
5. Ontario Ministry of Health: [COVID-19 Reference Document for Symptoms](#)
6. Ontario Ministry of Health: [COVID-19 Fully Vaccinated Status in Ontario](#)

COVID-19 Self-Attestation Form: Return to Work for Unvaccinated or Partially Vaccinated Individuals 18+ Years Old

Use this form instead of asking your doctor for a note to say that it is safe for you to return to work. This tool is based on the COVID-19 clearance guidance from the Ontario Ministry of Health.

Doctors' notes for clearance to return to work, recreational activities, school or child care are not an appropriate use of primary care resources, especially while COVID-19 causes unprecedented strain on the health-care system. Requiring doctors' notes may also increase risk of exposure for patients. The Ontario Ministry of Health recommends against requiring doctors' notes to clear students and staff to return to school.

Please be honest when completing the form. Controlling COVID-19 in our community depends on you. Check the applicable box/es below before returning to work.

This form is intended for unvaccinated individuals who have not received any COVID-19 vaccine doses and partially vaccinated individuals who have not received the full vaccination series (for example, they have only received one dose or received their second dose less than 14 days ago).

▶ **Priority Symptoms**
(new, worsening, and not related to known causes or conditions)

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- decreased or loss of smell or taste
- fatigue, lack of energy
- muscle aches and pain

▶ **Secondary Symptoms**
(new, worsening, and not related to known causes or conditions)

- sore throat or difficulty swallowing
- runny or stuffy nose
- abdominal pain
- headache
- pink eye

I had one or more of the listed priority symptoms

- fever and/or chills
- cough or barking cough (croup)
- shortness of breath
- decreased or loss of smell or taste
- fatigue, lack of energy
- muscle aches and pain

my COVID-19 test was POSITIVE. 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.

my COVID-19 test was NEGATIVE. Symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

I was NOT TESTED for COVID-19. 10 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.

COVID-19 Self-Attestation Form: Return to Work for Unvaccinated or Partially Vaccinated Individuals 18+ Years Old

<p><input type="checkbox"/> I had one or more of the listed secondary symptoms</p> <ul style="list-style-type: none"> • sore throat or difficulty swallowing • runny or stuffy nose • abdominal pain • headache • pink eye 	<p><input type="checkbox"/> I was exposed to someone with a confirmed case of COVID-19</p> <p>AND</p> <p><input type="checkbox"/> my COVID-19 test was POSITIVE. 10 days have passed since symptoms started. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.</p> <p><input type="checkbox"/> my COVID-19 test was NEGATIVE. 10 days have passed since the date of exposure. Symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).</p> <p><input type="checkbox"/> I did NOT get tested for COVID-19. 10 days have passed since the symptoms began. No fever is currently present and symptoms have resolved or have been improving for at least 24 hours.</p> <p style="text-align: center;">..... OR</p> <p><input type="checkbox"/> I was NOT exposed to someone with a confirmed case of COVID-19. No isolation is required; you should self-monitor for symptoms for 10 days after exposure.</p>
<p><input type="checkbox"/> I did <u>not</u> have any of the listed symptoms <u>AND</u> my COVID-19 test was POSITIVE. 10 days have passed since the date of the test and no symptoms are present.</p>	
<p><input type="checkbox"/> I was exposed to someone with a confirmed case of COVID-19 or received a COVID Alert exposure notification on my cell phone. 10 days have passed since the date of exposure and no symptoms are present.</p>	
<p><input type="checkbox"/> I travelled outside of Canada. 14 days have passed since returning from travel and no symptoms are present.</p>	

Name: _____ **Today's Date:** _____

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

Signature: _____

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