



OMA COVID-19 Attestation Form Package

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

If you are a parent completing a form on behalf of your child:

Go to page 2. Use the [COVID-19 Parent-Attestation Form for Return to School and Child Care](#)

If you are an individual completing a form for return to work:

Go to page 4. Use the [COVID-19 Self-Attestation Form for Return to Work](#)

NOTE: The forms in this package are not appropriate for:

- health care workers,
- individuals with severe immune compromise*, or
- individuals who received care for COVID-19 in a hospital Intensive Care Unit (ICU).

*Examples of individuals who are severely immune compromised include those who are undergoing cancer chemotherapy, have an untreated HIV infection, or are taking immune suppressive medications.



COVID-19 Parent-Attestation Form for Return to School and Child Care

On behalf of Ontario’s doctors, the Ontario Medical Association’s position is that 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.¹

Instead, we recommend that parents complete this COVID-19 Self-Attestation Form to assess whether it is safe and/or prudent for their child to return to school, child care, or recreational activities according to COVID-19 clearance guidance from the Ontario Ministry of Health.^{2,3}

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 sending your child back to school, child care or recreational activities.

NOTE: This form is not suitable for individuals with severe immune compromise or who received care for COVID-19 in a hospital Intensive Care Unit (ICU). Examples of individuals who are severely immune compromised includes those who are undergoing cancer chemotherapy, have an untreated HIV infection, or are taking immune suppressive medications.

Name of individual: _____

Priority Symptoms	Secondary Symptoms
<ul style="list-style-type: none"> • fever/chills • cough • shortness of breath • decreased or loss of smell or taste 	<ul style="list-style-type: none"> • sore throat • stuffy nose and/or runny nose • headache • nausea and/or vomiting and/or diarrhea • fatigue, lethargy, muscle aches or malaise

1. **Had only ONE of the SECONDARY symptoms and NO PRIORITY symptoms.** 24 hours have passed since the symptom started and the symptom is improving.
2. **Had either:**
 - **ONE or more of the PRIORITY symptoms, OR**
 - **ONE of the SECONDARY symptoms that persisted or worsened, OR**
 - **TWO or MORE of the SECONDARY symptoms**

AND

- a 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.
- a COVID-19 test was NEGATIVE.** Symptoms have been improving for at least 24 hours. *Note: Mild symptoms like a runny nose may be ongoing at return to school as long as other symptoms have resolved.*
- a COVID-19 test was NOT PERFORMED.** 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.

Continue to page 3



COVID-19 Parent-Attestation Form for Return to School and Child Care (Continued)

- 3. **Did not have symptoms compatible with COVID-19 infection AND:**
 - a COVID-19 test was POSITIVE.** 10 days have passed since the date of the test and no symptoms are present.

- 4. **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.

- 5. **Travelled outside of Canada.** 14 days have passed since returning from travel and no symptoms are present.

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

1. COVID-19 Guidance: Primary Care Providers in a Community Setting
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf
2. Quick Reference Public Health Guidance on Testing and Clearance
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf
3. COVID-19 school and child care screening
https://covid-19.ontario.ca/covid19-cms-assets/2020-10/Printable%20school%20and%20child%20care%20screening_v3_en.pdf



COVID-19 Self-Attestation Form for Return to Work

On behalf of Ontario’s doctors, the Ontario Medical Association’s position is that 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 employees to return to the workplace.¹

Instead, we recommend that individuals complete this COVID-19 Self-Attestation Form to assess whether it is safe and/or prudent to return to work according to COVID-19 clearance guidance from the Ontario Ministry of Health.²

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.

NOTE: This form is not suitable for health care workers or individuals with severe immune compromise or who received care for COVID-19 in a hospital Intensive Care Unit (ICU). Examples of individuals who are severely immune compromised includes those who are undergoing cancer chemotherapy, have an untreated HIV infection, or are taking immune suppressive medications.

Name of individual: _____

- Had symptoms compatible with COVID-19 infection³ AND:**
 - a 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.
 - a COVID-19 test was NEGATIVE.** Symptoms have been improving for at least 24 hours.
 - a COVID-19 test was NOT PERFORMED.** 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.
- Did not have any symptoms compatible with COVID-19 infection AND:**
 - a COVID-19 test was POSITIVE.** 10 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 outside of Canada.** 14 days have passed since returning from travel and no symptoms are present.

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

Signature: _____

Date: _____

1. COVID-19 Guidance: Primary Care Providers in a Community Setting
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_primary_care_guidance.pdf

2. Quick Reference Public Health Guidance on Testing and Clearance.
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf

3. Symptoms Reference Document.
http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf