

OMA COVID-19 Attestation Form Package

This package has forms you can use instead of a doctor's note when you or your children are ready to return to your normal activities. (An attestation is a promise that something is true.)



If you are a parent or caregiver filling out a form for a child, go to page 2.



If you are **18 and older** and completing the form so you can return to work or school:

▶ and you are **fully vaccinated**, go to page 5 ▶ and you are not fully vaccinated, go to page 7



Fully vaccinated

Fully vaccinated means you have received all required doses. You are fully vaccinated if you got:

- two injections of Pfizer, Moderna, or AstraZeneca COVID-19 vaccines. You must have received the second injection at least 14 days ago.
- one injection of the Janssen (Johnson & Johnson) COVID-19 vaccine. You must have received the injection at least 14 days ago.
- one or two injections of a vaccine that has not been approved by Health Canada, followed by one injection of Pfizer or Moderna.
- three injections of a vaccine not approved by Health Canada.

Not fully vaccinated means that you have not received any COVID-19 vaccine injections or you have not finished your COVID-19 vaccination series (for example, you have received only one injection or your second injection was less than 14 days ago).

NOTE: Do not use this form:

- If you are a health-care worker.
- If you live or work in a hospital or health-care setting, congregate living setting (such as a long-term care, retirement home, group home, shelter, etc.), or a First Nations, Inuit or Metis community.
- If you have an illness that weakens your immune system. (This means your body's defences are low and you have trouble fighting infections. For example, if you have cancer and are being treated with chemotherapy or if you are taking medicine called immune suppressive medications.)
- If you have received treatment for COVID-19 in a hospital's Intensive Care Unit (ICU).

Parent/Caregiver Attestation Form: Return to School or Child Care

About this form:

This is called an attestation form, which means you are promising that something is true.

Use this form to say it is safe for your child to return to school, child care or after-school activities such as sports or dance classes instead of asking your doctor for a note. Using this form instead of a doctor's note helps make sure your doctor has time to see patients who are sick and need care. The Ontario Ministry of Health does not require a doctor's note to return to school or child care.

Please be honest when filling in the form. Controlling COVID-19 in our community depends on you.

If your child is sick with any symptoms and/or is getting worse, they may still need medical care, even if they don't have COVID-19. Children who are sick should stay home from school. If you are unsure if your child needs medical care, talk to your child's doctor.

Check the box or boxes below that apply to your child before sending them back to school, child care or after-school activities:

COVID-19 Symptoms

These symptoms were new, or symptoms that were getting worse. They were not caused by other medical conditions or other known reasons.

** Note that if your child had at least one main symptom or at least two secondary symptoms, they were presumed to be COVID-19 positive and did not require a COVID-19 test.*

Main symptoms

(one or more = COVID-19 positive)

- fever and/or chills
- regular cough or cough that sounds like barking (croup)
- trouble breathing
- sense of smell or taste is gone or partly gone

Secondary symptoms

(two or more = COVID-19 positive)

- tiredness, no energy
- muscle aches and pain
- nausea, vomiting and/or diarrhea
- sore throat or trouble swallowing
- runny or stuffy nose
- headache

* For the purposes of this form, a positive COVID-19 test refers to a rapid antigen test or PCR test (a test done in the lab).

My child had at least one main symptom or at least two secondary symptoms.

My child is fully vaccinated AND/OR under 12 years old AND

My child was NOT TESTED for COVID-19 or tested POSITIVE for COVID-19.

Your child can return to school or child care if 5 days have passed since their symptoms started and their symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

My child had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab).

Your child can return to school or child care if their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

..... OR

My child is over 12 years old and not fully vaccinated

My child was NOT TESTED for COVID-19 or tested POSITIVE for COVID-19.

Your child can return to school or child care if 10 days have passed since their symptoms started and their symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

My child had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab).

Your child can return to school or child care if their symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).

My child did not have any of the COVID-19 symptoms AND they tested POSITIVE for COVID-19.

My child is fully vaccinated AND/OR under 12 years old.

Your child can return to school or child care if 5 days have passed since the date of the test and they have no symptoms.

My child is over 12 years old and not fully vaccinated.

Your child can return to school or child care if 10 days have passed since the date of the test and they have no symptoms.

<input type="checkbox"/> My child lives with someone who had at least one main symptom or at least two secondary symptoms.	<input type="checkbox"/> The person in the home with symptoms was NOT TESTED for COVID-19 or had a POSITIVE COVID-19 test. Your child can return to school or child care if the sick person has finished isolating (staying home) and the sick person's symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea), and your child has no symptoms. <input type="checkbox"/> The person in the home with symptoms had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab). Your child can return to school or child care if your child has no symptoms.
<input type="checkbox"/> My child was exposed to someone outside their home who has COVID-19 (exposure means you were near someone with COVID-19, usually for at least 15 minutes)	<input type="checkbox"/> My child is fully vaccinated AND/OR under 12 years old. Your child can return to school or child care if they have no symptoms. Continue to monitor your child for symptoms for 10 days. OR <input type="checkbox"/> My child is over 12 years old and not fully vaccinated AND Your child can return to school or child care if 10 days have passed since their exposure and they have no symptoms.
<input type="checkbox"/> My child travelled outside of Canada.	<input type="checkbox"/> My child is fully vaccinated. Your child can return to school or child care if no symptoms are present. <input type="checkbox"/> My child is not fully vaccinated. Your child can return to school or child care if 14 days have passed since returning from travel and they have no COVID-19 symptoms.

By signing below, I confirm that my child can return to school, child care or after-school activities, according to the instructions on this form.

Child's Name: _____

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

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

COVID-19 Attestation Form: Return to Work or School for People 18 or Older who are Fully Vaccinated

About this form:

This is called a self-attestation form, which means you are promising that something is true about yourself. Please use this form to say it is safe for you to return to work or school instead of asking your doctor for a note. Using this form instead of a doctor’s note helps make sure your doctor has time to see patients who are sick and need care. The Ontario Ministry of Health does not require a doctor’s note to return to work or school.

Please be honest when filling in the form. Controlling COVID-19 in our community depends on you.

Who should fill out this form:



You should fill out this form if you are fully vaccinated. This means you got your second dose of Pfizer, Moderna or AstraZeneca COVID-19 vaccines, or your single dose of the Janssen (Johnson & Johnson) COVID-19 vaccine at least 14 days ago.

You are also fully vaccinated if you got one or two doses of a COVID-19 vaccine that has not been approved by Health Canada followed by one dose of Pfizer or Moderna, or three doses of a COVID-19 vaccine that has not been approved by Health Canada.

* For the purposes of this form, a positive COVID-19 test refers to a rapid antigen test or PCR test (a test done in the lab).

COVID-19 Symptoms

These symptoms were new, or symptoms that were getting worse. They were not caused by other medical conditions or other known reasons.

** Note that if you had at least one main symptom or at least two secondary symptoms, you were presumed to be COVID-19 positive and did not require a COVID-19 test.*

Main symptoms

(one or more = COVID-19 positive)

- fever and/or chills
- regular cough or cough that sounds like barking (croup)
- trouble breathing
- sense of smell or taste is gone or partly gone

Secondary symptoms

(two or more = COVID-19 positive)

- tiredness, no energy
- muscle aches and pain
- nausea, vomiting and/or diarrhea
- sore throat or trouble swallowing
- runny or stuffy nose
- headache

* For the purposes of this form, a positive COVID-19 test refers to a rapid antigen test or PCR test (a test done in the lab).

Check the box or boxes below that apply to you before returning to work:

<input type="checkbox"/> I had at least one main symptom or at least two secondary symptoms.	<input type="checkbox"/> I was NOT TESTED for COVID-19 or had a POSITIVE COVID-19 test. You can return to work or school if 5 days have passed since your symptoms started, you don't have a fever and your symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea). <input type="checkbox"/> I had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab). You can return to work or school if your symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).
<input type="checkbox"/> I did <u>not</u> have any of the symptoms <u>AND</u> my COVID-19 test was POSITIVE. You can return to work or school if 5 days have passed since the date of the test and you have no symptoms.	
<input type="checkbox"/> I live with someone who had at least one main symptom or at least two secondary symptoms.	<input type="checkbox"/> The person in the home with symptoms was NOT TESTED for COVID-19 or had a POSITIVE COVID-19 test. You can return to work or school if the sick person has finished isolating (staying home) and the sick person's symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea), and you have no symptoms. <input type="checkbox"/> The person in the home with symptoms had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab). You can return to work or school if you have no symptoms.
<input type="checkbox"/> I was exposed to someone outside my home who has COVID-19. You can return to work or school if you have no symptoms. Continue to monitor yourself for symptoms for 10 days. <input type="checkbox"/> I received a COVID Alert exposure message on my cell phone. You can return to work or school if you have no symptoms. Continue to monitor yourself for symptoms for 10 days.	
<input type="checkbox"/> I travelled outside of Canada. You don't need to stay home from work or school if you have no symptoms.	

By signing below, I confirm that I can return to work or school, according to the instructions on this form.

Name: _____ Signature: _____

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

COVID-19 Attestation Form: Return to Work or School for People who are over 18 and Not Fully Vaccinated

About this form:

This is called a self-attestation form, which means you are promising that something is true about yourself. Please use this form to say it is safe for you to return to work or school instead of asking your doctor for a note. Using this form instead of a doctor’s note helps make sure your doctor has time to see patients who are sick and need care. The Ontario Ministry of Health does not require a doctor’s note to return to work or school.

Please be honest when filling in the form. Controlling COVID-19 in our community depends on you.

Who should fill out this form:



You should use this form if you have not gotten the COVID-19 vaccine, or if you only got one dose of Pfizer, Moderna or AstraZeneca COVID-19 vaccines, or your second dose less than 14 days ago. You should also use this form if you got your single dose of the Janssen (Johnson & Johnson) COVID-19 vaccine less than 14 days ago.

COVID-19 Symptoms

These symptoms were new, or symptoms that were getting worse. They were not caused by other medical conditions or other known reasons.

** Note that if your child had at least one main symptom or at least two secondary symptoms, they were presumed to be COVID-19 positive and did not require a COVID-19 test.*

Main symptoms

(one or more = COVID-19 positive)

- fever and/or chills
- regular cough or cough that sounds like barking (croup)
- trouble breathing
- sense of smell or taste is gone or partly gone

Secondary symptoms

(two or more = COVID-19 positive)

- tiredness, no energy
- muscle aches and pain
- nausea, vomiting and/or diarrhea
- sore throat or trouble swallowing
- runny or stuffy nose
- headache

* For the purposes of this form, a positive COVID-19 test refers to a rapid antigen test or PCR test (a test done in the lab).

Check the box or boxes below that apply to you before returning to work:

<input type="checkbox"/> I had at least one main symptom or at least two secondary symptoms.	<input type="checkbox"/> I was NOT TESTED for COVID-19 or had a POSITIVE COVID-19 test . You can return to work or school if 10 days have passed since your symptoms started, you don't have a fever and your symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea). <input type="checkbox"/> I had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab) . You can return to work or school if your symptoms have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea).
<input type="checkbox"/> I did <u>not</u> have any of the COVID-19 symptoms <u>AND</u> my COVID-19 test was POSITIVE . You can return to work or school if 10 days have passed since the date of the test and you have no symptoms.	
<input type="checkbox"/> I live with someone who had at least one main symptom or at least two secondary symptoms.	<input type="checkbox"/> The person in the home with symptoms was NOT TESTED for COVID-19 or had a POSITIVE COVID-19 test . You can return to work or school if the sick person has finished isolating (staying home) and the sick person's symptoms have gone away or have been improving for at least 24 hours (48 hours for nausea, vomiting and/or diarrhea), and you have no symptoms. <input type="checkbox"/> The person in the home with symptoms had two NEGATIVE rapid antigen tests, collected 24 to 48 hours apart, or one NEGATIVE PCR test (a test done in the lab) . You can return to work or school if you have no symptoms.
<input type="checkbox"/> I was exposed to someone outside my home who has COVID-19. You can return to work or school if 10 days have passed since you were exposed to the person with COVID-19 and you have no symptoms. <input type="checkbox"/> I received a COVID Alert exposure message on my cell phone . You can return to work or school if 10 days have passed since you were exposed to the person with COVID-19 and you have no symptoms.	
<input type="checkbox"/> I travelled outside of Canada. You can return to work or school if 14 days have passed since returning from travel and you have no symptoms.	

By signing below, I confirm that I can return to work or school, according to the instructions on this form.

Name: _____ Signature: _____

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

References

The information in this package is based on the following guidance documents from the Ontario Ministry of Health. This guidance is for health-care providers and public health officials, except for the COVID-19 school and child care screening tool, which is for parents and caregivers. These resources are intended to help prevent the spread of COVID-19 and to keep people safe.

1. Ontario Ministry of Health: [COVID-19 Fully Vaccinated Status in Ontario](#)
2. Ontario Ministry of Health: [COVID-19 Reference Document for Symptoms](#)
3. Ontario Ministry of Health: [COVID-19 school and child care screening](#)
4. Ontario Ministry of Health: [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#)
5. Ontario Ministry of Health: [Management of Cases and Contacts of COVID-19 in Ontario](#)