

## Return to School Form – Youth and Staff

When you are ready to return to school after experiencing symptoms, an exposure to COVID-19, or returning from travel outside of Canada, complete this form and **check off only 1 box**. Return this form to your school principal.

Your signature confirms that the information is true. This is important to help decrease the spread of COVID-19 and protect the safety of all staff and students in the school.

Name: \_\_\_\_\_

### I tested positive for COVID-19 in the last 90 days

- I am previously positive\*\* and do not have any new symptoms of COVID-19. I have self-isolated for 10 days after the start of symptoms or from the date of test (if no symptoms present) and have been cleared by public health to return to school. Any symptoms have improved for more than 24 hours and no fever is present.

### I was ill with symptoms of COVID-19

- I tested negative for COVID-19 and my symptoms have improved for more than 24 hours (more than 48 hours for nausea, vomiting or diarrhea) and no fever is present.
- A COVID-19 test was not taken, and I have self-isolated for 10 days after the start of symptoms. Any symptoms have improved for more than 24 hours and no fever is present.
- A COVID-19 test was not taken, and a health care provider has diagnosed another medical condition. Any symptoms (if of infectious cause) have improved for more than 24 hours (48 hours for nausea, vomiting or diarrhea) and no fever is present.

### Someone in my household was ill with symptoms of COVID-19

- I was fully vaccinated\* against COVID-19, or previously positive\*\*, before my household member became symptomatic. I do not have any symptoms and am not immunocompromised.
- My household member has tested negative for COVID-19.
- My household member did not get tested for COVID-19, and I have self-isolated for 10 days since the last date of exposure to them. I have had no symptoms in the past 10 days.
- My household member did not get tested and a health care provider had diagnosed another medical condition.

### I am a close contact of a person with COVID-19

- I was fully vaccinated\* against COVID-19, or previously positive\*\*, before my exposure to someone with COVID-19. I have not had any symptoms in the last 10 days, and I am not immunocompromised.
- A COVID-19 test was taken and I have tested negative. I have self-isolated for 10 days since the last date of exposure. I am well and have had no symptoms in the past 10 days.
- A COVID-19 test was not taken. I have self-isolated for 10 days since the last date of exposure. I am well and have had no symptoms in the past 10 days.

**My sibling was dismissed from school as a close contact of a person with COVID-19**

- I was fully vaccinated\* against COVID-19, or previously positive\*\*, before my sibling was dismissed. I have not had any symptoms in the last 10 days and I am not immunocompromised.
- I stayed home for my sibling’s dismissal period. Nobody in my household has any symptoms and I have not had any symptoms in the last 10 days.

**I recently travelled outside of Canada**

- I was fully vaccinated\* against COVID-19 prior to my entry into Canada. I am well, have no symptoms and am not immunocompromised.
- I have stayed home and completed the mandatory federal requirements to stay home from school for 14 days after travel. I am well and have no symptoms. (Refer to more information on federal quarantine requirements – [unvaccinated children under 12](#) and [unvaccinated youth 12-17](#)).

**\*You are fully vaccinated if:**

You have received all required doses of an approved COVID-19 vaccine (the second dose of a two-dose vaccine, or a single dose of a one-dose vaccine); and, it has been at least 14 days since you received the last required dose.

**\*\*You are previously positive if:**

You had COVID-19 within the past 90 days; you have recovered; and you have completed the isolation period from their initial infection.

If you are immunocompromised, you should continue to self-isolate after a COVID-19 exposure even if you are fully vaccinated or previously positive.

**In addition to the checked box above, I confirm that I have also passed the [COVID-19 Screening tool](#) and have followed any applicable public health direction.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_