



Commitment Form for the Return of a Student/Staff to School

Date: _____

Full Legal Name of Student/Staff: _____

DOB: _____

For any student/staff having been absent from school and was recommended by Public Health to be tested (whether the result is positive or negative) and out of consideration for the health and safety of the children and adults she/he meets in school, I certify that the student/staff meets one of the following conditions permitting a return to school:

- the student/staff above tested negative for COVID-19 **and** is no longer showing symptoms;
- the student/staff above tested positive for COVID-19 and observed the 10 days of isolation prescribed by public health;
- the student/staff above has received a diagnosis other than COVID-19 from a healthcare professional which explains the symptoms observed;
- the period of home isolation prescribed by public health has now ended;
- the student/staff above has not been evaluated by a doctor and has not been tested for COVID-19, but has been in isolation at home for a period of 10 days from the onset of his/her symptoms and has been symptom-free for 48hours;
- other reason: _____

****If a staff member or a student have gone for testing, they must return this form with the test result to the main office or email administration upon return to school****

Legal name of parent/guardian/staff signing the declaration: _____

Signature of parent/guardian/staff

Date