



## DECLARATION FOR RETURN TO SCHOOL (STUDENT)

PROVINCE OF ALBERTA, CANADA

I \_\_\_\_\_, **ACKNOWLEDGE THE FOLLOWING:**

Under the direction of the Chief Medical Officer of Health for the Province of Alberta:

1. Any person with COVID-19 related symptoms must stay home, seek health care advice as appropriate, and fill out the AHS Online Self-Assessment tool to determine if they are legally required to self-isolate for a period of ten days, if they are recommended to get a COVID-19 test or if they are strongly advised to stay home and minimize contact with others until they are feeling better.
2. A ten (10) day self-isolation period is required from the time of the appearance of the following symptoms:
  - Fever
  - Cough (new cough or worsening chronic cough)
  - Shortness of breath or difficulty breathing (new or worsening)
  - Runny nose
  - Sore throat

If you have any of the following symptoms, stay home and minimize your contact with others until your symptoms resolve: (You **DO NOT** need to fill out this form for the following symptoms.)

- Chills
- Painful swallowing
- Stuffy nose
- Headache
- Muscle or joint aches
- Feeling unwell, fatigue or severe exhaustion
- Gastrointestinal symptoms (nausea, vomiting, diarrhea or unexplained loss of appetite)
- Loss of sense of smell or taste
- Conjunctivitis, commonly known as pink eye

### THEREFORE, I DECLARE:

That my child \_\_\_\_\_, upon showing symptoms for COVID-19, has completed one of the following requirements for permission to return to school:

1. Completed a COVID-19 test through Alberta Health and has received diagnosis of NEGATIVE for COVID-19;  
OR
2. Completed ten (10) days of self-isolation and is NOT exhibiting any further COVID-19 symptoms.

Declared before me at (City or Town) \_\_\_\_\_,  
Alberta on the

(day) \_\_\_\_\_ day of (month) \_\_\_\_\_,

(year) \_\_\_\_\_.

Principal Name \_\_\_\_\_

Principal Signature \_\_\_\_\_

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE