

Centre for Family Medicine FHO Clearance Form for Return to Daycare/School

We understand that some schools and daycares are asking for a doctor's note to clear individuals who may have been off sick before they can return. These requests are not consistent with Ministry of Health guidance, which notes: "Medical notes or proof of negative tests should not be required for staff or students to return to school."¹ Further, Ontario Medical Association policy states that "doctors notes are not an appropriate use of primary care resources", especially while COVID-19 is causing unprecedented strain on the health care system.²

Instead, we have provided the following "self-attestation" form to provide to your child's school or daycare. We trust parents' honesty and responsibility when completing the checklist, as the continued control of COVID-19 in our community depends on you.

Child's Name: _____

Please check **ONE** of the boxes below: _____

My child was a close/family contact of someone who tested **positive** for COVID-19. My child tested **NEGATIVE** for COVID-19. He or she has been isolated and observed for **14 days**, remains symptom-free, and may return to school or daycare as per Public Health guidelines.^{3,4}

My child was a close/family contact of someone who tested **positive** for COVID-19. My child did not have a COVID-19 test done but has completed a **14-day** period of isolation, and has been directed by Public Health that it is safe to return to school or day care.^{3,4}

My child was a close/family contact of someone who tested **positive** for COVID-19. My child tested **POSITIVE** for COVID-19. He or she has been isolated and observed for **10-days** from symptom on-set (or testing date if no symptoms), remains symptom free and has been directed by Public Health that it is safe to return to school or day care.^{3,4}

My child had *one or more* symptoms suggestive of possible COVID-19 infection (fever, shortness of breath, cough), **OR** *two or more* symptoms associated with other illnesses (runny nose, headache, etc.). A COVID-19 test **was performed and found to be NEGATIVE**. My child has been symptom-free for more than 24 hours and may return to school or day care as per Public Health guidelines.^{3,4,6}

My child had *one or more* symptoms suggestive of possible COVID-19 infection (fever, shortness of breath, cough), **OR** *two or more* symptoms associated with other illnesses (runny nose, headache, etc.). A COVID-19 test **was not performed**. My child has been isolated and observed for 10-days, has been symptom-free for more than 24 hours and may return to school or day care as per Public Health guidelines.^{3,4,6}

My child had only one symptom, often associated with other illnesses (runny nose, headache, etc.). A COVID-19 test was **not** performed, and my child has stayed home for 24 hours and their symptoms are improving, and may return to school or day care as per Public Health guidelines.^{3,4,6}

Note that if none of the above applies to your child, they may require further assessment and cannot return to daycare or school at this time.

Date of COVID-19 test: _____

Parent/Guardian name & signature: _____

1. Ontario College of Family Physicians, update to members, September 3, 2020
2. Ontario Medical Association, email communication to members, September 9, 2020
3. Region of Peel Public Health, Health Professionals Update, Aug 28 2020, Vol 13, no 13
4. Ontario Ministry of Health "COVID-19 Quick Reference Public Health Guidance on Testing and Clearance," updated October 1, 2020, http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirous/2019_testing_clearing_cases_guidance.pdf
5. <https://covid-19.ontario.ca/self-assessment/>
6. <https://covid-19.ontario.ca/school-screening/>

Date: _____

Centre for Family Medicine FHO Clearance Form for Return to Work:

We understand that some workplaces are asking for a doctor's note to clear individuals who may have been off sick before they can return. These requests are not consistent with Ministry of Health guidance, which notes: "Medical notes or proof of negative tests should not be required" for return to the workplace,¹ Further, Ontario Medical Association policy states that "doctors notes are not an appropriate use of primary care resources", especially while COVID-19 is causing unprecedented strain on the health care system.²

Instead we have provided the following "self attestation" form to provide to your workplace. We trust your honesty and responsibility when completing the checklist, as the continued control of COVID-19 in our community depends on you.

Name: _____

Please check **ONE** of the boxes below:

I was a close/family contact of someone who tested **positive** for COVID-19. I tested **NEGATIVE** for COVID-19. I have been isolated and observed for **14 days**, remain symptom-free, and may return to the workplace as per Public Health guidelines.^{3,4}

I was a close/family contact of someone who tested **positive** for COVID-19. I did not have a COVID-19 test done but completed a **14-day** period of isolation, and have been directed by Public Health that it is safe to return to the workplace.^{3,4}

I was a close/family contact of someone who tested **positive** for COVID-19. I tested **POSITIVE** for COVID-19. I have been isolated and observed for **10-days** from symptom on-set (or testing date if no symptoms), remain symptom free and have been directed by Public Health that it is safe to return to the workplace.^{3,4}

I had *one or more* symptoms suggestive of possible COVID-19 infection (fever, shortness of breath, cough), **OR** *two or more* symptoms associated with other illnesses (runny nose, headache, etc.). A COVID-19 test **was performed and found to be NEGATIVE**. I have been symptom-free for more than 24 hours and may return to the workplace as per Public Health guidelines.^{3,4,5}

I had *one or more* symptoms suggestive of possible COVID-19 infection (fever, shortness of breath, cough), **OR** *two or more* symptoms associated with other illnesses (runny nose, headache, etc.). A COVID-19 test **was not performed**. I have been isolated and observed for 10-days, have been symptom-free for more than 24 hours and may return to the workplace as per Public Health guidelines.^{3,4,5}

Note that if none of the above applies to you, you may require further assessment and cannot return to the workplace at this time.

Date of COVID-19 test: _____

Signature: _____

Date: _____

1. Ontario College of Family Physicians, update to members, September 3, 2020
2. Ontario Medical Association, email communication to members, September 9, 2020
3. Region of Peel Public Health, Health Professionals Update, Aug 28 2020, Vol 13, no 13
4. Ontario Ministry of Health "COVID-19 Quick Reference Public Health Guidance on Testing and Clearance," updated October 1, 2020, http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirous/2019_testing_clearing_cases_guidance.pdf
5. <https://covid-19.ontario.ca/self-assessment/>
6. <https://covid-19.ontario.ca/school-screening/>