



# Oakwood Academy

## BACK TO SCHOOL CONFIRMATION FORM

Please complete this form if you have been absent from an illness to confirm that your child is healthy and able to return to school. By adding your signature, you are verifying that the information is true. If your child was tested for COVID-19, a copy of the test results should be sent as well. Return the completed form to Health and Safety [hs@oakwoodacademy.ca](mailto:hs@oakwoodacademy.ca) before your child's return to school.

Child's Full Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

### A COVID-19 test was taken and my child tested POSITIVE in the last 90 days:

- My child is previously positive\*\* and does not have any new symptoms of COVID-19. My child has self-isolated for 10 days after the start of symptoms or from the date of the test (if no symptoms present); AND has been cleared by public health to return. Any symptoms have improved for at least 24 hours AND no fever is present (temperature remains lower than 37.8°C without the use of medication).
  - o This applies regardless of your child's vaccination status.

### My child was ill with symptoms of COVID-19:

- My child tested NEGATIVE for COVID-19; AND their symptoms have improved for more than 24 hours (more than 48 hours for nausea, vomiting, diarrhea); AND no fever is present
- A COVID-19 test was NOT taken and my child has self-isolated for 10 days after the start of symptoms. Any symptoms have improved for more than 24 hours AND no fever is present.
  - o This applies regardless of your child's vaccination status
- A COVID-19 test was NOT taken and a health care provider had 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. This applies regardless of your child's vaccination status. A contact name and number has been provided below:

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

Phone Number: \_\_\_\_\_

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

- My child was fully vaccinated\* against COVID-19, or previously positive\*\*, before my household member became symptomatic. My child does not have any symptoms and is not immunocompromised.
- My household member tested negative for COVID-19.
- My household member did not get tested for COVID-19, and my child has self-isolated for 10 days since the last date of exposure to them. My child has 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. A contact name and number has been provided below:

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

Phone Number: \_\_\_\_\_

### My child is a CLOSE CONTACT of someone who tested positive for COVID-19:

- My child was fully vaccinated\* against COVID-19, or previously positive\*\*, before their exposure to someone with COVID-19. My child does not have any symptoms and is not immunocompromised.
- A COVID-19 test was taken and my child has tested negative. My child has self-isolated for 10 days since the last date of exposure. My child is well AND has had no symptoms in the past 10 days.
  - o This applies if your child is partially vaccinated or unvaccinated.
- A COVID-19 test was NOT taken. My child has self-isolated for 10 days since the last date of exposure. My child is well AND has had no symptoms in the past 10 days.
  - o This applies if your child is partially vaccinated or unvaccinated.

### My child's sibling was dismissed from school as a close contact of a person with COVID-19:

- My child was fully vaccinated\* against COVID-19, or previously positive\*\*, before their sibling was dismissed. My child has not had any symptoms in the last 10 days and is not immunocompromised.

- My child stayed home for their sibling's dismissal period. Nobody in my household has any symptoms and my child has not had any symptoms in the last 10 days.

**My child recently travelled outside of Canada:**

- My child has returned from travel outside of Canada. My child stayed home and completed the mandatory federal requirements to stay home from school for 14 days after travel. My child is well and has no symptoms.
- o This applies regardless of your child's vaccination status and/or even if your child is exempt from quarantine. Your child must still avoid group settings (i.e., schools, camps, daycares) for 14 days after their return to Canada

In addition to the checked box above, I confirm that my child has also passed the Oakwood Academy COVID-19 Daily Screening Tool.

Parent/Guardian Name & Signature: \_\_\_\_\_

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

HS Coordinator: \_\_\_\_\_

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

Director/Supervisor: \_\_\_\_\_

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

\*Your child is fully vaccinated if:

It has been 14 days after your child received the last dose of a Health Canada approved COVID-19 vaccine (the second dose of a 2-dose vaccine, or a single dose of a 1-dose vaccine) or any combination of these vaccines.

Your child is also considered fully vaccinated if it has been 14 days after you received:

- 1 or 2 doses of a COVID-19 vaccine not approved by Health Canada, followed by 1 dose of a COVID-19 mRNA vaccine approved by Health Canada (e.g., Pfizer or Moderna) or
- 3 doses of any COVID-19 vaccine not approved by Health Canada.

Note: If your child is exposed to a person with COVID-19, your child's last dose must be received 14 days prior to their initial exposure.

\*\*Your child is previously positive if:

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

If your child is immunocompromised, they should continue to isolate after a COVID-19 exposure even if they are fully vaccinated or previously positive.

