

Attestation for Return Hockey Activities Following Illness

	Station for Retain Hockey Activities	onowing initess
Player's Name:		
My child was sent illness that might	t home from or denied entry to hockey a be COVID-19 on (date - dd/mm/yyyy)	
l attest that my ch following reason (ild may return to hockey activities on check one):	<i>(date – dd/mm/yyyy)</i>
seen by a docto	symptoms are not new and have not cha or or nurse practitioner and was diagnos es or asthma, with the exact same symp	ed with a chronic condition,
was sent home told us that and	y child to a doctor or nurse practitioner of or denied entry to hockey activities. The other diagnosis (medical reason) other the ns (why my child was feeling sick).	e doctor or nurse practitioner
from the date w	d NOT have a COVID-19 test but compl when my child started to feel sick AND is at least 24 hours.	-
	as been deemed a close contact with a 0 d per public health requirements.	COVID positive patient and
felt sick for at le Health or a hea	ad a negative COVID-19 test after startine east 24 hours* AND has NOT been told althcare provider to continue to self-isola ild was a close contact of a person with	by the Regional Public te for a total of 14 days
symptoms: sore and/or diarrhea	d NOT have a COVID-19 test, but had o e throat; stuffy nose and/or runny nose; i; OR general feeling of being unwell, lac feeding in infants AND symptoms impro	headache; nausea, vomiting, ck of energy, extreme
	or vomiting and diarrhea, your Regior ur child does not return to hockey ac gone away.	
• •	te a runny nose do not have to be comp provided the mild symptom is improving	

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