

SELF-CERTIFICATION FORM
TO FILL IN CASE OF ABSENCE FROM SCHOOL
FOR HEALTH REASONS NOT RELATED TO
COVID-19 SYMPTOMS

I, the undersigned _____
born in _____ date of birth _____
resident in (city) _____ (street) _____
(number) _____ (province) _____ as parent (or holder of parental responsibility) of the
student (name of the student) _____,
born in (city) _____ (province) _____,
date of birth _____, attending the school (name of the school) _____
_____ class and section _____

aware of all the civil and criminal consequences provided in case of false statements, and aware of the importance of respecting the prevention measures against the spread of COVID-19, for the protection of public health

DECLARE

that my child missed school from _____ to _____ and his/her
absence is not due to health reasons related to COVID-19 symptoms.

Hereunder I specify the symptoms of my child's health problem.

Place and date _____

Parent's (or holder of parental responsibility) signature _____