**Public Health**
Prevent. Promote. Protect.

## AFFIRMATION OF ISOLATION STAFF

**Complete if you have tested positive for COVID-19 and have been in isolation**

I, (print name) _____, do hereby affirm that I isolated from (date)

_____ through (date) _____ consistent with guidance issued by the New York

State Department of Health (NYSDOH). As per NYSDOH guidance, since I tested positive for COVID-19, I remained isolated from other people at least 5 days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic, whichever date is earlier (Day 1 of isolation begins the day after I became symptomatic OR the day after I tested positive if I were asymptomatic) and symptoms significantly resolved.

**Name of COVID-19 Positive Person:** _____

**Date of Birth of COVID-19 Positive Person:** _____

**Date of Specimen Collection for Positive Test:** _____

**Symptom Onset Date (if earlier from Date of Specimen Collection for Positive Test):** _____

**Affirmed under penalties of perjury by me on (today's date) _____.**

**I swear or affirm that the information in this "Affirmation of Isolation" is accurate, true and complete to the best of my knowledge. I understand that if I have knowingly made a false statement herein, I may be subject to prosecution under New York State Penal Law 210.45. I am responsible for providing all correct information including full name, date of birth, email address, mailing address, and phone number on this form. I understand that pursuant to the Electronic Signatures and Records Act (ESRA), the use of an electronic signature shall have the same validity and effect as a signature by hand.**

**Signature:** _____

If completed fully and accurately, based solely on such provided information which I accept as fact, I, Marcas Flindt, Director of Public Health, Chenango County Health Department, do hereby find that the affirming individual herein has met the criteria for isolation if the date this form is affirmed is more than 10 days from the listed isolation period onset date.

Marcas W. Flindt RN, MSN
Director of Public Health
This form may be used for Isolation Release or for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Isolation issued by the Chenango County Health Department Commissioner of Health.

**Children's Services**
607-337-1729
Fax: 607-337-1720

**Environmental Health**
607-337-1673
Fax: 607-337-1720

**Nursing Services**
607-337-1660
Fax: 607-337-1709

After Hours For All Divisions Call 607-337-1660