



Public Health
Prevent. Promote. Protect.

Department of Public Health
Chenango County
Chenango County Office Building
5 Court Street, Norwich, New York 13815
www.co.chenango.ny.us/public-health



AFFIRMATION OF ISOLATION

Complete if you or your child has tested positive for COVID-19 and have been in isolation
(use a separate form for each positive person)

I, (print name) _____, do hereby affirm that my child isolated from
(date) _____ through (date) _____ consistent with guidance issued by the New
York State Department of Health (NYSDOH). As per NYSDOH guidance, since I or my child tested positive for
COVID-19, I or my child 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 or my child became symptomatic OR the day after I or my child tested positive if I or my child 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 Quarantine 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.

Parent/Guardian 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