**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, Iormy childremained isolated fromother people at least5 days from the onsetof COVID-19symptoms OR fromthe dateofthe positiveCOVID-19test ifasymptomatic,whichever dateis earlier(Day1ofisolation 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.