



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

AFFIRMATION OF ISOLATION

Complete if you or your child or dependent has tested positive for COVID-19 and have been in isolation

I, (print name) _____, do hereby affirm that I or my child or dependent 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 or dependent tested positive for COVID-19, I or my child or dependent must isolate for the appropriate amount of time, depending upon hospitalization, length of symptoms and particular circumstances, consistent with guidance issued by the NYSDOH, for at least five (5) days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic. Day 1 of isolation begins the day after I or my child or dependent became symptomatic OR the day after I or my child or dependent tested positive if I or my child were asymptomatic.

Name of COVID-19 Positive Person: _____

Date of Birth of COVID-19 Positive Person: _____

Specimen Collection Date of Positive Test: _____

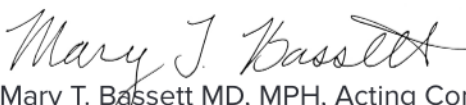
Sworn and subscribed by me on (today's date) _____

(SIGNATURE)

NOTE:

YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING UNDER PENALTY OF LAW TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Mary T. Bassett, Acting Commissioner, New York State Department of Health, do hereby find the that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above.


Mary T. Bassett MD, MPH, Acting Commissioner
New York State Department of 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 New York State Department of Health or relevant County's Commissioner of Health or designee.