DELAWARE COUNTY PUBLIC HEALTH SERVICES
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AFFIRMATION OF ISOLATION

(Complete one form for each positive person)

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

Name of Person in Isolation: _____

Date of Birth of Person in Isolation: _____

Address of Person in Isolation: _____

_____

Phone number of Person in Isolation: _____

I (print name) _____, do hereby affirm that I or my child isolated from (date) _____ through (date) _____ consistent with guidance issued by the New York State Department of Health (NYSDOH) and Centers for Disease Control and prevention (CDC). As per NYSDOH and CDC guidance, since I or my child tested positive for COVID-19, I or my child remained isolated at least 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 symptom onset OR positive test).

Date of symptom onset: _____ Date of positive test: _____

I have met the following criteria for release from Isolation. (Please check the option that describes your isolation best)

☐ I have remained in isolation for 5 days and symptoms have resolved. I will wear a form fitting mask while around others for an additional 5 days.

☐ I am moderately-severely immunocompromised and isolated for 10 days. My symptoms have resolved.

☐ I am not able to wear a form fitted mask and therefore isolated for 10 days. My symptoms have resolved.

By signing this affirmation, 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, address and phone number on this form.

_____ _____

Signature of Individual in Isolation or Guardian Date

This form may be used for quarantine release or for New York Paid Family Leave COVID-19 claims.