



MEADOWS OFFICE BUILDING • 140 COUNTY HIGHWAY 33 W, SUITE 3 • COOPERSTOWN, NEW YORK 13326

DEPARTMENT OF HEALTH

TEL: (607) 547-4230

## 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, \_\_\_\_\_, 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). As per NYSDOH guidance, since I or my child tested positive for COVID-19, I or my child remained isolated from other people for 5-10 days (length of isolation based on symptoms) from the onset of COVID 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)

**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)** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

PLEASE NOTE: YOUR SIGNATURE DOES **NOT** HAVE TO BE WITNESSED BY A NOTARY PUBLIC: YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

**If completed fully and accurately, based solely on such provided information which I accept as fact, I, Heidi Bond, Public Health Director, Otsego 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.**

Heidi Bond  
Public Health Director

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 Otsego County Health Department Public Health Director.