

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.