



Schenectady County Public Health Services

Administration
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Keith M. Brown, MPH
Interim Public Health Director

AFFIRMATION OF ISOLATION COMPLETE IF YOU OR YOUR CHILD HAS TESTED POSITIVE FOR COVID-19 AND HAVE BEEN 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). As per NYSDOH guidance,

since I or my child tested positive for COVID-19, I or my child must isolate for a minimum of 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 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: _____

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 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, Keith Brown, Interim Public Health Director, Schenectady County Public Health Services, 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.

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 Schenectady County Public Health Services.