



### 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*  
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.



**AFFIRMATION OF QUARANTINE**  
**(Use a separate form for each positive person)**

Complete this form if you or your child:

1. Have been identified as a close contact to a COVID-19 positive person during their contagious period, and
2. Was not fully vaccinated at the time of exposure to a COVID-19 person during their contagious period, and
3. Have been in quarantine.

I, (print name) \_\_\_\_\_, do hereby affirm that I or my child quarantined 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, I or my child was identified as a close contact to a COVID-19 positive person during their contagious period and was not fully vaccinated at the time of expose. Release from Quarantine includes either of two options:

1. I or my child quarantined for 5-10 days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the 5-10 days.
2. I or my child quarantined for at least seven (7) days following the last day of expose to COVID-19 positive person and had a negative COVID-19 diagnostic test collected no sooner than Day 5 of the quarantine period (5 days following last exposure) and have remained asymptomatic during that entire time.

For both options listed above, Day 1 of quarantine begins the day after my or my child's last day of exposure to the COVID-19 person.

Name of Person in Quarantine: \_\_\_\_\_

Date of Birth of Person in Quarantine: \_\_\_\_\_

Last Day of Exposure to the COVID-19 Positive Person: \_\_\_\_\_

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 quarantine 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 Quarantine 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.