

KATHY HOCHUL Governor

MARY T. BASSETT, M.D., M.P.H. Acting Commissioner

KRISTIN M. PROUD Acting Executive Deputy Commissioner

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 h | ereby affirm that I or my child or dependent isolated |
|--|------------------------------|--|
| from (date) | _ through (date) | consistent with guidance issued |
| by the New York State Department o | of Health (NYSDOH). As p | oer NYSDOH guidance, since I or my child or |
| dependent tested positive for COVII | D-19, I or my child or dep | endent must isolate for the appropriate amount |
| of time, depending upon hospitaliza | tion, length of symptoms | and particular circumstances, consistent with |
| guidance issued by the NYSDOH, fo | r at least five (5) days fro | om the onset of COVID-19 symptoms OR from |
| the date of the positive COVID-19 te | st if asymptomatic. Day 1 | of isolation begins the day after I or my child or |
| dependent became symptomatic OF | ₹ the day after I or my ch | ild or dependent tested positive if I or my child were |
| asymptomatic. | | |
| N | | |
| Name of COVID-19 Positive Person | • | |
| Date of Birth of COVID-19 Positive | Person: | |
| | | |
| Specimen Collection Date of Positi | ve Test: | |
| | | |
| Sworn and subscribed by me on (to | ·day's date) | |
| | | |
| | (SIGNATURE | |
| | | |
| NOTE: | | |
| VOLID SIGNATLIDE DOES NOT HAVE | E TO BE ACKNOWLEDG | ED BY A NOTARY PUBLIC: YOU ARE SWEARING |

UR 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.

This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Mary T. Bassett, Acting Commissioner, New York State Department of Health, 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.

Mary T. Bassett MD, MPH, Acting Commissioner

New York State Department of Health

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 New York State Department of Health or relevant County's Commissioner of Health or designee.