



ORLEANS COUNTY HEALTH DEPARTMENT

14016 Route 31 West, Suite 101, Albion, NY 14411
Phone (585) 589-3278
Fax (585) 589-2873
www.GOHealthNY.org



Paul A. Pettit, MSL
Public Health Director

Brenden A. Bedard, MPH
Deputy Director

AFFIRMATION OF ISOLATION

Complete this form if you or your child:

1. Has tested positive for COVID-19 and have been in isolation AND
2. Are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved (Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation).

I, (print name) _____, do hereby affirm that I or my child isolated from (date) _____ through (date) _____, consistent with guidance issued by the Centers for Disease Control and Prevention (CDC).

- As per CDC guidance, since I or my child tested positive for COVID-19, I or my child must isolate for 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.
- On day 6, if symptoms are resolving and there is no fever, isolation is complete. I or my child will continue to wear a mask for 5 additional days. (Testing to end isolation is not required, however, if testing is completed, then the best approach is to test towards the end of the 5-day isolation with an antigen test. If the test result is positive, I or my child will continue to isolate through day 10. If the test result is negative, isolation can end, but I or my child will continue to wear a well-fitting mask for the additional 5 days.)

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, Paul Pettit, Public Health Director, Orleans County Health Department, 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.

Paul Pettit
PUBLIC HEALTH DIRECTOR, COUNTY OF ORLEANS

This form may be used for Isolation Release or for New York Paid Family Leave COVID-19 claims as if it were issued to an individual.