



CAYUGA COUNTY HEALTH DEPARTMENT

"We promote and protect the health and well-being of the individuals, families and the community we serve."

Kathleen D. Cuddy, MPH
Director of Public Health

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, (print name) _____, do hereby affirm that I or my child isolated from (date) _____ through (date) _____ consistent with current 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 as per current NYSDOH guidance from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic, whichever date is earlier, for the duration of the isolation period.

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, Kathleen Cuddy, Public Health Director, Cayuga County Health Department, do hereby find that the affirming individual herein has met the criteria for isolation.

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 Cayuga County Health Department Director of Health.

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