



SCHOHARIE COUNTY DEPARTMENT OF HEALTH

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Dr. Amy E. Gildemeister, Ph. D.
Director of Public Health

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 New York State Department of Health (NYSDOH) guidance. Since I or my child tested positive for COVID-19, I or my child followed one of the below NYSDOH guidances in order to be released from isolation. The complete NYSDOH Isolation and Quarantine Guidance can be found at <https://coronavirus.health.ny.gov/quarantines-contacts>

Isolation Guidance for the General Population including Children who test positive for COVID-19

Symptomatic COVID-19 positive cases

Since you and/or your child tested positive for COVID-19 and have or have had COVID-symptoms, you or your child must isolate for 5 days, where day 0 is the day of symptom onset.

- You can end isolation after 5 full days if you are fever-free for 24 hours without the use of fever-reducing medication and your other symptoms have improved.
- You should continue to wear a well-fitting mask around others at home and in public for 5 additional days after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days.

Symptom-free COVID-19 positive cases

Since you or your child tested positive for COVID-19 and have had no COVID-19 symptoms, you or your child must isolate for 5 days, where day 0 is the date of the positive COVID-19 test.

- You can end isolation after 5 full days if you or your child had not developed COVID-19 symptoms during your 5-day isolation period.
- You should continue to wear a well-fitting mask around others at home and in public for 5 additional days after the end of your 5-day isolation period. If you are unable to wear a mask when around others, you should continue to isolate for a full 10 days.

Isolation Guidance for Residents in High-Risk Congregate Care Settings who test positive for COVID-19

As per guidance from the Centers for Disease Control and Prevention (CDC), residents in high-risk congregate care settings who test positive for COVID-19 should continue to follow the standard 10 days of isolation. High-

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PRESCHOOL SPECIAL NEEDS
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FAX: (518) 295-8435

risk congregate care settings include, but not limited to, correctional and detention facilities and homeless shelters.

Complete CDC Isolation and Quarantine Guidance:

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Isolation Guidance for individuals who are moderately or severely immunocompromised and test positive for COVID-19

Individuals who are moderately-severely immunocompromised should continue to follow the standard 10 days of isolation and seek the advice of their medical provider.

Return-to-Work Protocols for Personnel Healthcare and Congregate Care Settings

Individuals who test positive for COVID-19 and work in healthcare or congregate care settings should consult with their employer and follow NYSDOH guidance before returning to work.

Complete NYSDOH isolation and quarantine guidance on return-to-work protocols for personnel in healthcare settings: https://coronavirus.health.ny.gov/system/files/documents/2022/01/guidance_matrix_01042022.pdf

Name of COVID-19 Positive Person: _____
Date of Birth of COVID-19 Positive Person: _____
Symptom Onset Date (if symptomatic): _____
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 to be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Amy E. Gildemeister, Commissioner, Schoharie County Department of Health, do hereby find that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above.



AMY E. GILDEMEISTER, Ph.D.,
DIRECTOR, SCHOHARIE COUNTY 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 Schoharie County Director of Health.

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