



AFFIRMATION OF ISOLATION

Complete if you have tested positive for COVID-19 and have been in isolation

I, (print name) _____, do hereby affirm that I isolated from
(date) _____ through (date) _____ consistent with guidance issued by
the New York State Department of Health (NYSDOH). As per NYSDOH guidance, since I tested positive for
COVID-19, I must isolate for the appropriate amount of time, depending upon hospitalization, length of
symptoms and particular circumstances, consistent with guidance issued by the NYSDOH, for at least 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 became symptomatic OR the day after I tested positive if I were
asymptomatic.

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
UNDER PENALTY OF LAW TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.