

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) and Center for Disease Control and
Prevention (CDC). I affirm I tested positive for COVID-19 and understand it is recommended that I isolate until
I no longer have a fever (without relying on fever-lowering medications) for 24 hours AND my symptoms are
improving. I also understand that the guidance encourages added precaution over the next five days after
isolation is over. The added precautions include; taking more steps for cleaner air, enhancing hygiene
practices, wearing a well-fiting mask, keeping a distance from others, and/or getting tested for respiratory
viruses.

Name 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.

This form may be used if you are claiming paid COVID-19 leave without the use of benefit time.

Revised 09.09.2024