



**Public Health**  
Prevent. Promote. Protect.

Cortland County Health Department

# CORTLAND COUNTY HEALTH DEPARTMENT

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## 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 guidance in order to be released from isolation.

### Isolation Guidance for General Population

As per NYSDOH, if you or your child have or have had COVID-19, you must:

- Isolate for 5 days, where day 0 is the day of symptom onset or (if asymptomatic) the day of collection of the first positive specimen.
- If asymptomatic at the end of 5 days or if symptoms are resolving, isolation ends and the individual should wear a well-fitting mask while around others for an additional 5 days.
- Individuals who are unable to wear a well-fitting mask for 5 days after a 5-day isolation should also follow standard (i.e. not shortened) [Isolation Guidance](#)

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: \_\_\_\_\_

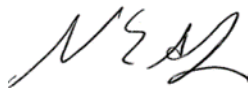
Sworn and subscribed by me on (today's date) \_\_\_\_\_

(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 be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact,** I, Nicole E. Anjeski, Public Health Director, Cortland County Department of Health, 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.



NICOLE E. ANJESKI, MS, MPH, PUBLIC HEALTH DIRECTOR  
CORTLAND COUNTY HEALTH DEPARTMENT

Additional information regarding COVID-19 and NYSDOH Guidance can be found at <https://www.cortland-co.org/432/Health-Department>

*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 Cortland County Public Health Director*

*Updated on 1/5/2022*