



# Department of Public Health Chenango County

Chenango County Office Building  
5 Court Street, Norwich, New York 13815  
<https://www.co.chenango.ny.us/public-health>



## ATTESTATION OF ISOLATION

*(Complete one form for each person)*

**Complete this form 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 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 at least 5 days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic, whichever date is earlier (Day 1 of isolation begins the day after I or my child became symptomatic OR the day after I or my child tested positive if I or my child were asymptomatic) and symptoms significantly resolved.

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): \_\_\_\_\_.

By checking this box, I swear or affirm that the information in this "Attestation of Isolation is accurate, true and complete to the best of my knowledge. I understand that if I have knowingly made a false statement herein, I may be subject to prosecution under New York State Penal Law 210.45. I am responsible for providing all correct information including full name, date of birth, email address, mailing address, and phone number on this form. I understand that pursuant to the Electronic Signatures and Records Act (ESRA), the use of an electronic signature shall have the same validity and effect as a signature by hand.

If completed fully and accurately, based solely on such provided information which I accept as fact, I, Marcas W. Flindt, Director of Public Health, Chenango County Health Department, do hereby find that the affirming individual herein has met the criteria for isolation if the date this form is affirmed is more than 10 days from the listed isolation period onset date.

Marcas W. Flindt RN, MSN  
Director of Public 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 Chenango County Health Department Commissioner of Health.*

*Updated 1/11/2022 V1*

**Children's Services**  
607-337-1729  
Fax: 607-337-1720

**Environmental Health**  
607-337-1673  
Fax: 607-337-1720

**Nursing Services**  
607-337-1660  
Fax: 337-1709

**After Hours for All Divisions Call 607-337-1660**