

## HAMILTON COUNTY PUBLIC HEALTH NURSING SERVICE

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Like us on Facebook: www.facebook/HCPHNS

### SELF-ATTESTATION: AFFIRMATION OF ISOLATION (Please complete ONE form for EACH person)

Complete if you or your child tested **POSTIVE** for COVID-19 and have been in isolation. Use a separate form for each positive person. Do **NOT** submit to the Hamilton County Health Department. This form is for your use as legal documentation of your isolation and for New York Paid Family Leave COVID-19 Claims.

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-10, I or my child remained isolated from other people for at least five (5) days from the onset of COVID-19 symptoms OR from the date of the positive test if asymptomatic, whichever date is earlier (where day 0 is the day of symptom onset or the day I or my child tested positive is asymptomatic). I or my child is released from isolation after meeting the following criteria; Does not have a fever for at least 72 hours without fever-reducing medication, has resolution of symptoms or, if still with residual symptoms, then all are improving, does not have rhinorrhea (runny nose), and has no more than minimal, non-productive cough (i.e., not disruptive to work and does not stop the person from wearing their mask continuously, not coughing up phlegm). I understand that a well fitting mask should be worn around others for a total of 10 days from my or my child's symptom onset or positive test if asymptomatic.

Name of Person in Quarantine: \_\_\_\_\_

Date of Birth of Person in Quarantine: \_\_\_\_\_

Date of Positive COVID-19 At Home Test: \_\_\_\_\_

Date of Symptom Onset (if earlier from date of POSTIVE test): \_\_\_\_\_

Affirmed under penalties of perjury by me on (today's date) \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE WITNESSED BY A NOTARY PUBLIC; YOU ARE AFFIRMING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

If completed fully and accurately, based solely on such provided information which I accept as fact, I, Erica Mahoney, Director of Hamilton County Public Health, do hereby find that the affirming individual herein has met the criteria for isolation if the date this form is affirmed is more than 5 days from the listed isolation period onset date.

**Erica Mahoney**  
**Director of Hamilton County Public Health**

*This form may be used for Isolation Release or for New York State Paid Family Leave COVID-19 claims as if it was an individual Order for Isolation issued by Hamilton County Public Health.*

**The Hamilton County Public Health Nursing Service is committed to providing preventative and restorative health services to the residents and guests of Hamilton County.**