



**NIAGARA COUNTY DEPARTMENT OF HEALTH**  
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Public Health Director  
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## AFFIRMATION OF ISOLATION

### COMPLETE THIS FORM IF YOU OR YOUR CHILD HAS TESTED POSITIVE FOR COVID-19 AND HAS 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 must isolate for **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 or my child became symptomatic **OR** the day *after* I or my child tested positive if I or my child were asymptomatic.

Name of COVID-19 Positive Person: \_\_\_\_\_

Date of Birth of COVID-19 Positive Person: \_\_\_\_\_

Date of Specimen Collection of Positive Test: \_\_\_\_\_

Date of Symptoms Onset if earlier than Date of Specimen Collection for Positive Test: \_\_\_\_\_

Affirmed under penalties of perjury 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, Daniel J. Stapleton, Public Health Director, Niagara County Department of Health, do hereby find the that the affirming individual herein met the criteria for isolation **if the date this form is affirmed is more than 5 days from the listed isolation period onset date.**

A handwritten signature in blue ink that reads "Daniel J. Stapleton".

Daniel J. Stapleton MBA, Public Health Director,  
Niagara County Department of 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 Niagara County Public Health Director.