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## AFFIRMATION OF ISOLATION

**Complete if you or your child or dependent has tested positive for COVID-19 and have been in isolation.**

I, (print name) \_\_\_\_\_, do hereby affirm that I or my child or dependent was isolated from (date) \_\_\_\_\_ through (date) \_\_\_\_\_ consistent with guidance issued by the Ohio Department of Health (ODH) and the Centers for Disease Control and Prevention (CDC). This isolation occurred per ODH and CDC guidance, since I or my child or dependent tested positive for COVID-19, I or my child or dependent must isolate for the appropriate amount of time, depending upon hospitalization, length of symptoms and particular circumstances, consistent with guidance issued by the CDC, for at least 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 began the day after I or my child or dependent became symptomatic OR the day after I or my child or dependent tested positive if I or my child or dependent were asymptomatic.

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

**Date of Birth 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 affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Timothy Hollinger, MPH, Health Commissioner, Huron County Public Health, do hereby find that the affirming individual herein met the criteria for isolation as the case may be during the dates affirmed to above. It is recommended that a copy of valid test results accompany the completed form.**

*Timothy Hollinger*

Timothy Hollinger, MPH, Health Commissioner  
Huron County Public Health

**Note:** This form may be used for isolation release as if it was an individual Order for Isolation issued by Huron County Public Health.



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