

APPENDIX B

Isolation for Essential Personnel other than Healthcare Personnel

I, _____ (insert your name), hereby affirm that I am subject to this Order and required to isolate myself beginning _____ (insert date) because:

(you must complete both #1 and #2 below)

1. Reason(s) for isolation (check all that apply):

- I tested positive for COVID-19 on _____ (insert date of test).
- I had contact with a known COVID-19 case; and I am currently experiencing symptoms of COVID-19, such as cough, fever, sore throat or shortness of breath; and I am unable to get a test.
- I meet another qualification for mandatory isolation of essential workers described by the Department, NYSDOH or CDC.

2. I was advised to self-isolate and received documentation of such advice following a (check at least one):

- Physical examination or telehealth consultation by _____ (insert name), who is my primary care physician or other medical professional on _____ (insert date).
- Clinical consultation through the hotline identified on the website of the New York City Department of Health and Mental Hygiene on _____ (insert date) at _____ (insert approximate time).
- Examination at _____ (insert name of hospital) on _____ (insert date).

This order requires me to maintain isolation for at least 7 days after illness onset, and permits me to return to work when I have been fever-free for at least 72 hours without the use of fever-reducing medications and with other symptoms improving, if working from home would adversely impact essential services or functions.

If at any time I develop symptoms, I must immediately inform my employer and follow my employer's directions regarding self-monitoring, reporting symptoms, and returning to work in accordance with the above paragraph and guidance from the Department or NYSDOH.

I have attached documentation showing that my isolation is or was necessary.

I affirm the above statements are true and accurate to the best of my knowledge.

Dated: _____

Signature