



COUNTY OF ERIE
MARK POLONCARZ

COUNTY EXECUTIVE

GALE R. BURSTEIN, MD, MPH, FAAP
COMMISSIONER OF HEALTH

DEPARTMENT OF HEALTH

RETURN TO WORK AUTHORIZATION FOR PERSONS
OTHER THAN HEALTH CARE SETTINGS

COMPLETE IF YOU HAVE BEEN A CONFIRMED OR SUSPECTED CASE OF COVID-19.

I, (print name) _____, do hereby affirm that:

- I have maintained isolation for at least 10 days after first experiencing COVID-19 symptoms (e.g., fever, cough, or shortness of breath) or 10 days after my first positive test if asymptomatic AND
- I have been fever free for at least 24 hours, without the use of fever-reducing medications, AND
- My COVID-19 symptoms are improving.

Sworn and subscribed by me on (today's date) _____, 2021

(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.

Should this affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Gale R. Burstein, Commissioner, Erie County Department of Health, do hereby find the that the affirming individual herein is able to return to work subject to current and future orders, protocols, guidance, or any other official direction promulgated by any agency of the United States Government, New York State Government, or Erie County Government having subject matter authority.

GALE R. BURSTEIN MD, MPH, FAAP, COMMISSIONER,
ERIE COUNTY DEPARTMENT OF HEALTH