

RETURN TO WORK AUTHORIZATION FOR NURSING HOME EMPLOYEES

OGOLAANSHAHA KU LAABASHADA SHAQADA EE SHAQAALAHA HOYGA KALKAALINTA

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

BUUXI HADDII LAGAA HELAY AMA LAGAAGA SHAKIYAY INAAD QABTO COVID-19.

I, (print name) _____, do hereby affirm that: If I tested positive for COVID-19 and have remained asymptomatic:

Anigga oo ah, (magaca qoran) _____, waxaan halkan ka xaqiijinayaa in: Haddii layga helay COVID-19 oo aan leeyahayna astaamaha xanuunka:

- I can return to work 14 days from my first positive COVID-19 test day.
- Inaan shaqada ku laaban karo 14 maalmood lagasoo bilaabo maalintii koobaad ee layga helay cudurka COVID-19.

If I tested positive for COVID-19 and have been symptomatic:

Haddii layga helay COVID-19 oo aan lahaa astaamaha xanuunka:

- I can return to work 14 days after the onset of COVID-19 symptoms and
- Inaan shaqada ku laaban karo 14 maalmood kadib markaan isku arkay astaamaha aana
- I have been fever free for at least 72 hours (3 days), without the use of fever-reducing medications, and
- Wax qandho ah ma qabin ugu yaraan 72 saacadood (3 maalmood), anoon cunin daawooyinka qandho jabinta, iyo
- My COVID-19 respiratory symptoms are improving.
- Astaamahayga COVID-19 ee neef mareenku ay kasoo raynayaan.

The current guidance for the Return to Work for Nursing Home Employees is attached hereto. Sworn and subscribed by me on (today's date) _____, 2020 _____

Tilmaamaanta hadda u dagsan Ku laabashada Shaqada ee Shaqaalaha Hoyga Kalkaalinta ayaa lifaaqa hoose ku jira. Anigga ayaa ku dhaartay oo saxiixay markay ahayd (taarikhda maanta) _____, 2020 _____

(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.

(SAXIIXA) OGOOW: SAXIIXAAGA LOOMA BAAHNA INAY CADAYSO NOOTAAYADA QARANKU; WAXAAD KU DHAARANAYSAA SAXNAANSHAHA XOGTA AAD KU BIXISAY FOOMKA.

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 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.

Haddii cadayntan lagu dhaarto sida la sheegay, markaas ayadoo lagu salaynaayo cadaynta noocaas ah ee kore, una aqbalaaya xogta noocaas ah inay tahay mid dhab ah, Anigga, oo ah Gale R. Burstein, Gudoomiyaha, Waaxda Caafimaadka ee Degmada Erie (Erie County Department of Health), waxaan halkan ka cadaynayaa in qofka xaqiijinaayay xogta uu awoodo inuu ku laabto shaqada si waafaqsan amarada hadda jira iyo kuwa mustaqbalka, habraacyada, tilmaanta, ama amar kasta oo kale oo dawladeed oo ay soo saartay Wakaalad kasta oo Dawlada Maraykanka katirsan, Dawlada Gobaleedka New York, ama Dawlada Hoose ee Degmada Erie oo leh awooda masuuliyada qadiyada taagan.

RETURN TO WORK AUTHORIZATION FOR PERSONS OTHER THAN NURSING HOME EMPLOYEES

OGOLAANSHAHA KU LAABASHADA SHAQADA EE SHAQSIYAADKA AAN KA AHAYN SHAQAALAHA
HOOGA KALKAALINTA

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

BUUXI HADDII LAGAA HELAY AMA LAGAAGA SHAKIYAY INAAD QABTO COVID-19.

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

Anigga oo ah, (magaca qoran) _____, waxaan halkan ka xaqiijinayaa in:

- 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
- Waxaan istakoorayay ugu yaraan 10 maalmood kadib markii koobaad oon dareemay astaamaha COVID-19 (tusaale, qandho, qufac, ama neefta oo igu yaraata) ama ugu yaraan 10 maalmood kadib marka layga helo cudurka haddii aan lahaa astaamaha aanana
- I have been fever free for at least 72 hours (3 days), without the use of fever-reducing medications, and
- Wax qandho ah maan qabin ugu yaraan 72 saacadood (3 maalmood), anoon cunin daawooyinka qandho jabinta, iyo
- My COVID-19 symptoms are improving.
- Ay astaamahayga COVID-19 ay kasoo raynayaan.

I further affirm that, when I return to work, I will wear a facemask for at least 14 days from the date I began experiencing COVID-19 symptoms or 14 days after my first positive test if asymptomatic.

Waxaan sidoo kale xaqiijinayaa, markaan ku laabto shaqada, inaan xidhnaan doono maaskarada wajiga ugu yaraan 14 maalmood laga bilaabo taariikhda aan bilaabay astaamaha COVID-19 ama 14 maalmood kadib marka koobaad ee layga helay cudurka haddii aan qabo astaamaha xanuunka.

Sworn and subscribed by me on (today's date) _____, 2020

Anigga ayaa ku dhaartay oo saxiixay markay ahayd (taariikhda maanta) _____, 2020

_____ (SIGNATURE)

_____ (SAXIIXA)

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 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.

OGOOW: SAXIIXAAGA LOOMA BAAHNA INAY CADAYSO NOOTAAYADA QARANKU; WAXAAD KU DHAARANAYSAA SAXNAANSHAHA XOGTA AAD KU BIXISAY FOOMKA. Haddii cadaayntan lagu dhaarto sida la sheegay, markaas ayadoo lagu salaynaayo cadaaynta noocaas ah ee kore, una aqbalaaya xogta noocaas ah inay tahay mid dhab ah, Anigga, oo ah Gale R. Burstein, Gudoomiyaha, Waaxda Caafimaadka ee Degmada Erie (Erie County Department of Health), waxaan halkan ka cadaynayaa in qofka xaqiijinaayay xogta uu awoodo inuu ku laabto shaqada si waafaqsan amarada hadda jira iyo kuwa mustaqbalka, habraacyada, tilmaanta, ama amar kasta oo kale oo dawladeed oo ay soo saartay Wakaalad kasta oo Dawlada Maraykanka katirsan, Dawlada Gobaleedka New York, ama Dawlada Hoose ee Degmada Erie oo leh awooda masuuliyada qadiyada taagan.

AFFIRMATION OF SELF-QUARANTINE OR SELF-ISOLATION COMPLETE SECTION

QAYBTA BUUXDA EE XAQIIJINTA KARANTIILKA NAFTAADA AMA ISTAKOORKA

(1) IF YOU HAVE SELF-QUARANTINED DUE TO COVID-19 EXPOSURE COMPLETE SECTION

(1) HADDII AAD ISKARANTIISHO SABAB LA XARIIRTA INAAD QAADAY COVID-19 BUUXI QAYBTA

(2) IF YOU HAVE SELF-ISOLATED DUE TO HAVING BEEN CONFIRMED OR SUSPECTED OF HAVING COVID-19

(2) HADDII AAD ISTAKOORTAY SABAB LA XARIIRTA IN LAGAA HELAY AMA LAGAAGA SHAKIYAY COVID-19

SECTION 1: I, (print name) _____, do hereby affirm that I self-quarantined from _____, 2020 until _____, 2020 consistent with guidance and protocol issued by the New York State Department of Health.

QAYBTA 1: Anigga, (nagaca qoran) _____, waxaan halkan ka xaqiijinayaa inaan iskarantiilay lagasoo bilaabo _____, 2020 ilaa _____, 2020 si waafaqsan tilmaanta iyo habraaca ay soo saartay Waaxda Caafimaadka ee Gobalka New York (New York State Department of Health).

Specifically, during the period of self-quarantine, I met the guidance for: Mandatory Quarantine (Initial all that apply)

Gaar ahaan, inta lagu jiro mudada karantiilka, waxaan waafaqay tilmaanta: Karantiilka Qasabka ah (Saxiix dhammaan meelaha quseeya)

_____ I had been in close contact with someone who had tested positive for COVID19 or who was, at the time, in mandatory isolation; or

_____ Waxaan la joogay qof laga helay COVID-19 ama ahaa, markaas, qof ku jira takoorka qasabka ah; ama

_____ I had returned within 14 days from an area outside of Western New York that is known for having community spread of COVID-19; or

_____ Waxaan kasoo laabtay 14 maalmood gudahood aag ka baxsan Galbeedka New York oo lagu yaqaano in cudurka COVID-19 bulshada ku dhex faafay; ama

_____ My child had been in close contact with someone who tested positive for COVID-19 or who was, at the time, in mandatory isolation; or

_____ Cunugaygu ayaa la joogay qof laga helay COVID-19 ama ahaa, markaas, qof ku jira takoorka qasabka ah; ama

_____ My child had returned within 14 days from an area outside of Western New York that is known for having community spread COVID-19.

_____ Cunugaygu ayaa kasoo laabtay 14 maalmood gudahood aag ka baxsan Galbeedka New York oo lagu yaqaano in cudurka COVID-19 bulshada ku dhex faafay.

This form may be used for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Quarantine or Isolation issued by the Erie County Commissioner of Health.

Foomkan waxaa loo adeegsan karaa codsiyada Fasaxa Mushaharka lagu Qaato ee Qoyska ee Gobalka New York asagoo noqonaayay sida Amarka shaqsiga ah ee Karantiilka ama Takoorka ee ay soo saartay Gudoomiyaha Caafimaadka ee Degmada Erie.

More information about COVID Paid Family Leave can be found at <https://paidfamilyleave.ny.gov/COVID19> and <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>.

Xog dheeraad ah oo ku saabsan Fasaxa Qoyska ee Mushaharka lagu qaato ee COVID waxaa laga heli karaa <https://paidfamilyleave.ny.gov/COVID19> iyo <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>.

SECTION 2:

QAYBTA 2:

I, (print name) _____, do hereby affirm that I self-isolated from _____, _____, 2020 until _____, _____, 2020 consistent with guidance and protocol issued by the New York State Department of Health.

Anigga, (magaca qoran) _____, waxaan halkan ka xaqiijinayaa inaan is takooray lagasoo bilaabo _____, _____, 2020 ilaa _____, _____, 2020 si waafaqsan tilmaanta iyo habraaca ay soo saartay Waaxda Caafimaadka ee Gobalka New York (New York State Department of Health).

Specifically, during the period of self-isolation, I met the guidance for: Mandatory Isolation (Initial all that apply)

Gaar ahaan, inta lagu jiro mudada takoorka, waxaan waafaqay tilmaanta: Takoorka Qasabka ah (Saxiix dhammaan meelaha quseeya)

_____ I experienced COVID-19 symptoms and self-isolated from the time I was tested until the time I received my negative results; or

_____ Waxaan qabay astaamaha COVID-19 waxaana galay takoor shaqsi ah lagasoo bilaabo marki layga helay cudurka ilaa waqtigii aan helay natiijooyinkayga ah inaan qabin cudurka; ama

_____ I tested positive for COVID-19 (for NYS Paid Family Leave COVID-19 submit your individualized Order for Isolation or the Standing Order for Isolation issued by the Erie County Department of Health); or

_____ Waxaa layga helay COVID-19 (Fasaxa Qoyska ee Gobalka New Yorkee uu sababay COVID-19 gudbi Amarkaaga shaqsiga ah ee Takoorka ama Amarka Taagan ee takoorka oo ay soo saartay Waaxda Caafimaadka ee Dagmada Erie(Erie County Department of Health)); ama

_____ Testing was not available for me however, I experienced COVID-19 symptoms and had contact with a confirmed COVID-19 case; or

_____ Baaritaan ma aanan helin laakiin, waxaan dareemay astaamaha COVID-19 waxaana la joogay qof laga helay COVID-19; ama

_____ My child experienced COVID-19 symptoms and self-isolated from the time my child was tested until the time we received a negative results or

_____ Cunugaygu ayaa qabay astaamaha COVID-19 wuxuuna galay takoor shaqsi ah lagasoo bilaabo marki laga helay cudurka ilaa waqtigii aan helay natiijoyinkiisa ah inuusan qabin cudurka ama

_____ My child tested positive for COVID-19; or

_____ Cunugayga ayaa laga helay COVID-19; ama

_____ Testing was not available for my child however, my child had COVID-19 symptoms and had contact with a known COVID-19 case.

_____ Baaritaan cunugaygu ma heli karin laakiin, wuxuu lahaa astaamaha COVID-19 wuxuuna la joogay qof laga helay COVID-19.

Sworn and subscribed by me on (today's date) _____, 2020

Anigga ayaa ku dhaartay oo saxiixay markay ahayd (taarikhda maanta) _____, 2020

_____ (SIGNATURE)

_____ (SAXIIXA)

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 at least one line above be initialed and 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 met the criteria for precautionary quarantine, or mandatory quarantine, or mandatory isolation as the case may be during the dates affirmed to above.

OGOOW: SAXIIXAAGA LOOMA BAAHNA INAY CADAYSO NOOTAAYADA QARANKU; WAXAAD KU DHAARANAYSAA SAXNAANSHAHA XOGTA AAD KU BIXISAY FOOMKA. Haddii ugu yaraan hal layn oo kuwa kore ah la saxiixo laguna dhaarto cadayntan sida la sheegay, markaas ayadoo lagu salaynaayo kaliya cadaynta kore, iyo aqbalaada xogtaas oo xaqiiqo ah, anigoo ah, Gale R. Burstein, Gudoomiyaha, Erie County Department of Health, waxaan halkaan ka ogaaday in qofka halkan ku jira uu buuxshay shardiga karantiilka kahortaga cudurka ah, ama karantiilka qasabka ah, ama takoorka qasabka ah sida uu ahaan karay bukaanku intii lagu jiray taariikhaha kor lagu xaqiijiyay.

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