

RETURN TO WORK AUTHORIZATION FOR NURSING HOME EMPLOYEES

IDHINI YA KURUDI KAZINI KWA WAAJIRIWA WANAUGUZA NYUMBANI

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

KAMILISHA IKIWA UMETHIBITISHWA AU UNATILIWA SHAKA KUWA NA COVID-19

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

Mimi, (chapisha jina) _____, ninathibitisha kwamba: Ikiwa nilipatikana na COVID-19 na nimeendelea kutoonyesha dalili:

- I can return to work 14 days from my first positive COVID-19 test day.
- Ninaweza kurudi kazini siku 14 baada ya siku yangu ya kwanza ya kipimo cha kuwa na COVID-19.

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

Ikiwa nilipatikana na COVID-19 na nimekuwa nikionyesha dalili:

- I can return to work 14 days after the onset of COVID-19 symptoms and
- Ninaweza kurudi kazini siku 14 baada ya kuanza kwa dalili za COVID-19 na
- I have been fever free for at least 72 hours (3 days), without the use of fever-reducing medications, and
- Sijawa na joto kwa angalau saa 72 (siku 3), bila matumizi ya dawa zinazopunguza joto na
- My COVID-19 respiratory symptoms are improving.
- Dalili zangu za kupumua za COVID-19 zinaimarika.

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 _____

Mwongozo wa sasa wa Kurudi Kazini kwa Waajiriwa Wanaouguza Nyumbani umeambatishwa hapa. Niliapa na kujisajili tarehe (tarehe ya leo) _____, 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.

(SAHIHI) DOKEZO: SI LAZIMA SAHIHI YAKO ITAMBULIWE NA MTHIBITISHAJI RASMI; UNAAPA KWA UKWELI WA TAARIFA ULIZOTOA KWENYE FOMU.

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.

Endapo utaapa uthibitisho huu kama ilivyobainishwa, basi kulingana na uthibitisho ulio hapo juu na kukubali taarifa hizo kuwa ukweli, mimi, Gale R. Burstein, Kamishna, Idara ya Afya ya Kaunti ya Erie, ninatambua kwamba mtu anayethibitisha hapa anaweza kurudi kazini kulingana na maagizo ya sasa na ya baadaye, itifaki, mwongozo au maelekezo mengine yoyote rasmi yaliyopitishwa na shirika lolote la Serikali ya Marekani, Serikali ya Jimbo la New York, au Serikali ya Kaunti ya Erie.

RETURN TO WORK AUTHORIZATION FOR PERSONS OTHER THAN NURSING HOME EMPLOYEES

IDHINI YA KURUDI KAZINI KWA WATU AMBAO SI WAAJIRIWA WANAUGUZA NYUMBANI

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

KAMILISHA IKIWA UMETHIBITISHWA AU UNATILIWA SHAKA KUWA NA COVID-19

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

Mimi, (chapisha jina) _____, ninathibitisha kwamba:

- 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
- Nimedumisha kujitenga kwa angalau siku 10 baada ya kushuhudia dalili za COVID-19 kwanza (mfano, joto, kikohozi, au matatizo ya kupumua) au siku 10 baada ya kipimo cha kwanza cha kuwa na virusi ikiwa huonyeshi dalili na
- I have been fever free for at least 72 hours (3 days), without the use of fever-reducing medications, and
- Sijawa na joto kwa angalau saa 72 (siku 3), bila matumizi ya dawa zinazopunguza joto na
- My COVID-19 symptoms are improving.
- Dalili zangu za COVID-19 zinaimarika.

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.

Pia ninathibitisha kuwa, ninaporudi kazini, nitavaa barakoa kwa angalau siku 14 kutoka tarehe niliyoanza kushuhudia dalili za COVID-19 au siku 14 baada ya kipimo changu cha kwanza cha kupatikana na virusi nikiwa sionyeshi dalili.

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

Niliapa na kujisajili tarehe (tarehe ya leo) _____, 2020

_____ (SIGNATURE)

_____ (SAHIHI)

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.

DOKEZO: SI LAZIMA SAHIHI YAKO ITAMBULIWE NA MTHIBITISHAJI RASMI; UNAAPA KWA UKWELI WA TAARIFA ULIZOTOA KWENYE FOMU. Endapo utaapa uthibitisho huu kama ilivyobainishwa, basi kulingana na uthibitisho ulio hapo juu na kukubali taarifa hizo kuwa ukweli, mimi, Gale R. Burstein, Kamishna, Idara ya Afya ya Kaunti ya Erie, ninatambua kwamba mtu anayethibitisha hapa anaweza kurudi kazini kulingana na maagizo ya sasa na ya baadaye, itifaki, mwongozo au maelekezo mengine yoyote rasmi yaliyopitishwa na shirika lolote la Serikali ya Marekani, Serikali ya Jimbo la New York, au Serikali ya Kaunti ya Erie.

AFFIRMATION OF SELF-QUARANTINE OR SELF-ISOLATION COMPLETE SECTION

UTHIBITISHO WA KUJIWEKA KWENYE KARANTINI AU KUJITENGA JAZA SEHEMU

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

(1) IKIWA UMEJIWEKA KWENYE KARANTINI KUTOKANA NA MFICHUO WA COVID-19 JAZA SEHEMU

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

(2) IKIWA UMEJIWEKA KWENYE KARANTINI KUTOKANA NA KUTHIBITISHWA AU KUSHUKIWA KUWA NA 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.

SEHEMU YA 1: Mimi, (chapisha jina) _____, ninathibitisha kuwa nilijiweka kwenye karantini kutoka _____, 2020 hadi _____, 2020 kulingana na mwongozo na itifaki iliyotolewa na Idara ya Afya ya Jimbo la New York.

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

Wakati wa kujiweka kwenye karantini, nilikutana na mwongozo wa: Karantini ya Lazima (Weka kifupisho yote yanayotumika)

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

_____ Nilitangamana kwa karibu na mtu aliyekuwa na COVID-19 au ambaye alikuwa, wakati huo, amejitenga kwa lazima; au

_____ 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

_____ Nilikuwa nimerejea ndani ya siku 14 kutoka eneo lililo nje ya Western New York ambalo linajulikana kwa msambao wa jamii wa COVID-19; au

_____ 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

_____ Mtoto wangu alitangamana kwa karibu na mtu aliyekuwa na COVID-19 au ambaye alikuwa, wakati huo, amejitenga kwa lazima; au

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

_____ Mtoto wangu alikuwa amerejea ndani ya siku 14 kutoka eneo lililo nje ya Western New York ambalo linajulikana kwa msambao wa jamii wa COVID-19.

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.

Fomu hii inaweza kutumiwa kwa madai ya New York Paid Family Leave COVID-19 kana kwamba lilikuwa Agizo la Karantini au Kujitenga la mtu binafsi lililotolewa na Kamishna wa Afya wa Kaunti ya 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/ffcr-employee-paid-leave>.

Maelezo zaidi kuhusu COVID Paid Family Leave yanaweza kupatikana kwenye <https://paidfamilyleave.ny.gov/COVID19> na <https://www.dol.gov/agencies/whd/pandemic/ffcr-employee-paid-leave>.

SECTION 2:

SEHEMU YA 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.

Mimi, (chapisha jina) _____, ninathibitisha kuwa nilijitenga kutoka _____, _____, 2020 hadi _____, _____, 2020 kulingana na mwongozo na itifaki iliyotolewa na Idara ya Afya ya Jimbo la New York.

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

Wakati wa kujitenga, nilikutana na mwongozo wa: Kujitenga kwa Lazima (Weka kifupisho yote yanayotumika)

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

_____ Nilishuhudia dalili za COVID-19 na kujitenga kutoka wakati nilipopimwa hadi wakati nilipopokea matokeo yangu ya kutokuwa na virusi; au

_____ 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

_____ Nilipatikana na COVID-19 (kwa NYS Paid Family Leave COVID-19 wasilisha Agizo lako la Kujitenga au Agizo Lililopo la Kujitenga lililotolewa na Idara ya Afya ya Kaunti ya Erie); au

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

_____ Sikufanyiwa vipimo kwa kuwa havikuwepo, hata hivyo, nilishuhudia dalili za COVID-19 na nilitangamana na mgonjwa wa COVID-19 aliyethibitishwa;

_____ 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

_____ Mtoto wangu alishuhudia dalili za COVID-19 na kujitenga kutoka wakati mtoto wangu alipopimwa hadi wakati tulipopokea matokeo ya kutokuwa na virusi au

_____ My child tested positive for COVID-19; or

_____ Mtoto wangu alipatikana na COVID-19; au

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

_____ Mtoto wangu hakufanyiwa vipimo kwa kuwa havikuwepo, hata hivyo, alishuhudia dalili za COVID-19 na alitangamana na mgonjwa wa COVID-19 anayejulikana.

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

Niliapa na kujisajili tarehe (tarehe ya leo) _____, 2020

_____ (SIGNATURE)

_____ (SAHIHI)

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.

DOKEZO: SI LAZIMA SAHIHI YAKO ITAMBULIWE NA MTHIBITISHAJI RASMI; UNAAPA KWA UKWELI WA TAARIFA ULIZOTOA KWENYE FOMU. Endapo angalau mstari mmoja hapo juu utawekwa kifupisho na kuapa uthibitisho huu kama ilivyobainishwa, basi kulingana na uthibitisho ulio hapo juu na kukubali taarifa hizo kuwa ukweli, mimi, Gale R. Burstein, Kamishna, Idara ya Afya ya Kaunti ya Erie, ninatambua kwamba mtu anayethibitisha hapa alitimiza vigezo vya karantini ya kuhadhari, au karantini ya lazima au kujitenga kwa lazima kulingana na kisa wakati wa tarehe zilizothibitishwa hapo juu.

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. 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>.

Fomu hii inaweza kutumiwa kwa madai ya New York Paid Family Leave COVID-19 kana kwamba lilikuwa Agizo la Karantini au Kujitenga la mtu binafsi lililotolewa na Kamishna wa Afya wa Kaunti ya Erie. Maelezo zaidi kuhusu COVID Paid Family Leave yanaweza kupatikana kwenye <https://paidfamilyleave.ny.gov/COVID19> na <https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>.