**AFFIRMATION OF QUARANTINE**

**(Complete one form for each person)**

**Complete this form if you or your child:**

1. **Have been identified as a close contact to a COVID-19 positive person during their contagious period, and**
2. **Was not fully vaccinated at the time of exposure to a COVID-19 positive person during their contagious period, and**
3. **Have been in quarantine.**

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby affirm that I or my child quarantined from (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consistent with guidance issued by the New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC). As per NYSDOH and CDC guidance, I or my child was identified as a close contact to a COVID-19 positive person during their contagious period and was not fully vaccinated at the time of exposure. Release from Quarantine includes:

1. I quarantined for at least five (5) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the five (5) days. In accordance with current NYS quarantine guidelines.

-OR-

1. My child quarantined for at least ten (10) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the ten (10) days. In accordance with current NYS quarantine guidelines.

**Name of Person in Quarantine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth of Person in Quarantine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Day of Exposure to the COVID-19 Positive Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Affirmed under penalties of perjury by me on (today’s date)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**By checking this box, I swear or affirm that the information in this “Affirmation of Quarantine is accurate, true and complete to the best of my knowledge. I understand that if I have knowingly made a false statement herein, I may be subject to prosecution under New York State Penal Law 210.45. I am responsible for providing all correct information including full name, date of birth, email address, mailing address, and phone number on this form. I understand that pursuant to the Electronic Signatures and Records Act (ESRA), the use of an electronic signature shall have the same validity and effect as a signature by hand.**

**If completed fully and accurately, based solely on such provided information which I accept as fact**, I, Marcas Flindt , Public Health Director, Chenango County Health Department, do hereby find that the affirming individual herein has met the criteria for quarantine **if the date this form is affirmed is more than required number of days (as consistent with the above requirements) from the listed quarantine period onset date.**

Marcas W. Flindt RN, MSN

Director of Public Health

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

*Updated 1/6/2022 v1.4*