## AFFIRMATION OF QUARANTINE

## COMPLETE THIS FORM IF YOU OR YOUR CHILD:

- 1. HAVE BEEN IDENTIFIED AS A CLOSE CONTACT TO A COVID-19 POSITIVE PERSONDURING THEIR CONTAGIOUS PERIOD AND
- 2. WAS NOT FULLY VACCINATED OR BOOSTERED IF ELIGIBLE 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	y affirm that I or my child quarantined
from (date)	through (date)	consistent with guidance issued by the
Centers for Disease Contr	ol and Prevention (CDC). As per CD	C guidance, I or my child was identified as a close
contact to a COVID-19 po	ositive person during their contagious	period and was not fully vaccinated or boostered if
eligible at the time of expe	osure.	
I or my child quarantined	for five (5) days following the last da	y of exposure to the COVID-19 positive person and
have remained asymptom	atic during the five (5) days, and will	continue mask use for an additional five days.
Day 1 of quarantine begin	s the day after my or my child's <u>last</u>	day of exposure to the COVID-19 positive person.
Name of Person in Quara	ntine:	
Date of Birth of Person in	Quarantine:	
Last Day of Exposure to t	he positive COVID-19 Person:	
Sworn and subscribed by	me on (today's date)	
	`	SIGNATURE)
NOTE: YOUR SIGNATUR	E DOES NOT HAVE TO BE ACKNOW	/LEDGED BY A NOTARY PUBLIC; YOU ARE

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.

This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Christine Schuyler, Public Health Director, Chautauqua County Department of Health, do hereby find the that the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.

Christine Schuyler, SN, RN MHA
Chautauqua County Public Health Director

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