



COUNTY OF ERIE
MARK POLONCARZ

COUNTY EXECUTIVE

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

DEPARTMENT OF HEALTH

AFFIRMATION OF QUARANTINE

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 two options:

- 1. I or my child quarantined for ten (10) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the ten (10) days. OR
- 2. I or my child quarantined for at least seven (7) days following the last day of exposure to a COVID-19 positive person and had a negative COVID-19 diagnostic test no sooner than Day 5 of the quarantine period (5 days following last exposure) and have remained asymptomatic during that time.

For both options listed above, Day 1 of quarantine begins the day after my or my child's last day of exposure to the COVID-19 positive person.

Name of Person in Quarantine: _____

Date of Birth of Person in Quarantine: _____

Last Day of Exposure to the positive COVID-19 Person: _____

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

(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.

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 quarantine as the case may be during the dates affirmed to above.



GALE R. BURSTEIN MD, MPH, FAAP, COMMISSIONER,
ERIE COUNTY DEPARTMENT OF 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 Order for Quarantine issued by the Erie County Commissioner of Health.

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