DELAWARE COUNTY PUBLIC HEALTH SERVICES
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AFFIRMATION OF QUARANTINE

(Complete one form for each person)

Complete this form if you or your child:

- Had close contact with an individual infected with COVID-19 during their contagious period, and
- Was not fully vaccinated (including booster dose if eligible) at the time of exposure, and
- Have been in quarantine.

Name of Person in Quarantine: ____

Date of Birth of Person in Quarantine: __________________________________

Address of Person in Quarantine: _______________________________________

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Phone number of Person 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.

I have met the following criteria for release from quarantine. (Please check the option that describes your quarantine best)

☐ I have remained asymptomatic throughout my five day quarantine period.
☐ I developed symptoms and tested negative for COVID-19. Date of negative test: ___________
☐ I developed symptoms, did not test for COVID-19 and isolated for 5 days from symptom onset.

I attest to wear a form fitting mask for an additional 5 days from end of quarantine.

By signing this affirmation, 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, address and phone number on this form.

____ __________________

Signature of Individual in Quarantine or Guardian Date

This form may be used for quarantine release or for New York Paid Family Leave COVID-19 claims.