



# Schenectady County Public Health Services

Administration  
107 Nott Terrace, Suite 304  
Schenectady, New York 12308-3170  
Phone: (518) 386-2810  
Fax: (518) 382-5418

*Keith M. Brown, MPH  
Interim Public Health Director*

## 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:

1. I or my child quarantined for a minimum of five (5) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the five (5) days.

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



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accepting such information as fact, I, Keith Brown, Interim Public Health Director, Schenectady County Public Health Services, do hereby find that the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.

*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.*