



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Acting Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

AFFIRMATION OF QUARANTINE

COMPLETE THIS FORM IF YOU OR YOUR CHILD OR DEPENDENT:

1. HAS BEEN IDENTIFIED AS A CLOSE CONTACT TO A COVID-19 POSITIVE PERSON DURING THEIR CONTAGIOUS PERIOD **AND**
2. WAS NOT UP TO DATE ON COVID-19 VACCINATION, INCLUDING BOOSTER SHOT, 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 or dependent 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 or dependent was identified as a close contact to a COVID-19 positive person during their contagious period and was not up to date on COVID-19 vaccination, including booster shot, at the time of exposure.

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

1. Day 1 of quarantine begins the day after my or my child's or dependent'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-TYPED NAME IS THE EQUIVALENT AS SIGNED)

NOTE:

YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING UNDER PENALTY OF LAW 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, Mary T. Bassett, Acting Commissioner, New York State Department of Health, do hereby find that the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.

Mary T. Bassett MD, MPH, Acting Commissioner
New York State Department of Health

This form may be used for Quarantine Release, quarantine leave benefits, or for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Quarantine issued by the New York State Department of Health or relevant County's Commissioner of Health or designee.