



NIAGARA COUNTY DEPARTMENT OF HEALTH
 5467 Upper Mountain Road, Suite 100
 Lockport, New York 14094-1894

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 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 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 or boosted if eligible at the time of exposure.

I or my child 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, and will continue to mask and monitor for symptoms up to 14 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 accepting such information as fact, I, Daniel J. Stapleton, Public Health Director, Niagara 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.

Daniel J. Stapleton MBA, Public Health Director,
 Niagara 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 Niagara County Public Health Director.