

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)

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.