

# 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 Centers for Disease Control and Prevention (CDC). As per 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 mask use for an additional five 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, Diane Devlin, Public Health Director, Wayne County Public Health, do hereby find the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.**

Diane Devlin, RN, BSN, MS  
Wayne County Public Health Director

*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 Wayne County Public Health Director.*

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