



GENESEEE COUNTY HEALTH DEPARTMENT

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Deputy Public Health Director

AFFIRMATION OF QUARANTINE

Complete this form if you or your child:

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 with their COVID-19 vaccinations at least two weeks prior to being exposed to COVID-19 (by having completed their initial vaccine series and having received all booster doses for which they are eligible per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>) AND
3. Has 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 I or my child was not up to date with their COVID-19 vaccinations at least two weeks prior to this exposure.
- I or my child quarantined for five (5) days following the last day of exposure to the COVID-19 positive person, remained asymptomatic during the five (5) days, and will wear a well-fitting mask for an additional five (5) days. If I or my child is unable to tolerate wearing a well-fitting mask, I or my child continued quarantining for an additional five (5) days.
- Day 1 of quarantine began 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: _____

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, Paul Pettit, Public Health Director, Genesee County Health Department, do hereby find that the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.

Paul Pettit
PUBLIC HEALTH DIRECTOR, COUNTY OF GENESEEE

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 Genesee County Public Health Director.