



ONEIDA COUNTY HEALTH DEPARTMENT

ANTHONY J. PICENTE, JR
ONEIDA COUNTY EXECUTIVE

DANIEL W. GILMORE, PH.D., MPH
DIRECTOR OF HEALTH



"PROMOTING & PROTECTING THE HEALTH OF ONEIDA COUNTY"

OCGOV.NET/HEALTH

SELF ATTESTATION: AFFIRMATION OF QUARANTINE

(Complete one form for each person)

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 was age 18 or over and had completed the primary series of recommended vaccine, but had not received a recommended booster shot when eligible at the time of close contact with a COVID-19 positive person, 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 at the time of exposure. I or my child quarantined for at least five (5) days (where day zero is the last day of exposure) and have:

1. Remained asymptomatic during the five (5) days OR
2. Developed symptoms but tested negative on a COVID-19 antigen or PCR test.

I understand that a well-fitting mask should be worn around others for 10 days following the date of exposure.

Name of Person in Quarantine: _____

Date of Birth of Person in Quarantine: _____

Last Day of Exposure to the COVID-19 Positive Person: _____

Affirmed under penalties of perjury by me on (today's date) _____.

(SIGNATURE)

PLEASE NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE WITNESSED BY A NOTARY PUBLIC; YOU ARE AFFIRMING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

If completed fully and accurately, based solely on such provided information which I accept as fact, I, Daniel W. Gilmore, Director, Oneida County Health Department, do hereby find that the affirming individual herein has met the criteria for quarantine **if the date this form is affirmed is more than required number of days (as consistent with the above requirements) from the listed quarantine period onset date.**

Daniel W. Gilmore. PH.D., MPH
Director 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 Isolation issued by the Oneida County Health Department Director of Health.