



SCHOHARIE COUNTY DEPARTMENT OF HEALTH

284 MAIN STREET, P.O. BOX 667 SCHOHARIE, NY 12157
TEL: (518) 295-8365 FAX: (518) 295-8786 HEALTH@CO.SCHOHARIE.NY.US

Dr. Amy E. Gildemeister, Ph. D.
Director of Public Health

AFFIRMATION OF QUARANTINE

COMPLETE THIS FORM IF YOU OR YOUR CHILD:

- 1. HAVE HAD CLOSE CONTACT EXPOSURE 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). The complete NYSDOH Isolation and Quarantine Guidance can be found at <https://coronavirus.health.ny.gov/quarantines-contacts>

As per NYSDOH 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 5 days following the last day of exposure to the COVID-19 positive person and have remained symptom-free during the 5 days, and will continue to wear a well-fitting mask while around others for an additional 5 days. If I or my child was unable to wear a mask when around others, I or my child quarantined for 10 days from the last day of exposure to a COVID-19 positive person. Day 1 of quarantine begins the day after my or my child's last day of exposure to a COVID-19 positive person.

Quarantine Guidance for the General Population including Children exposed to COVID-19

As per guidance from the Centers from the Disease Control and Prevention (CDC), you or your child should quarantine if you or your child are in one of the following groups:

- You are ages 12 or older and completed the primary series of recommended vaccine, but have not received a recommended booster shot when eligible.
- You received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot.
- You are not vaccinated or have not completed a primary vaccine series.

[HTTP://WWW.SCHOHARIECOUNTY-NY.GOV](http://www.schohariecounty-ny.gov)

ENVIRONMENTAL HEALTH
TEL: (518) 295-8382
FAX: (518) 295-8453

PUBLIC HEALTH NURSING
TEL: (518) 295-8474
FAX: (518) 295-8786

PRESCHOOL SPECIAL NEEDS
TEL: (518) 295-8705
FAX: (518) 295-8435

Complete CDC Isolation and Quarantine Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Quarantine Guidance for Residents In High-Risk Congregate Care Settings exposed to COVID-19

As per CDC guidance, residents in high-risk congregate care settings who are exposed to COVID-19 should continue to follow the standard 10 days of quarantine, regardless of vaccination and booster status. High-risk congregate care settings include, but not limited to, correctional and detention facilities and homeless shelters.

Complete CDC Isolation and Quarantine Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Quarantine Guidance for Personnel in Healthcare Settings exposed to COVID-19

Individuals who have had close contact exposure to a positive COVID-19 person and work in healthcare and settings should consult with their employer and follow NYSDOH guidance before returning to work.

Complete NYSDOH isolation and quarantine guidance on return-to-work protocols for personnel in healthcare settings: https://coronavirus.health.ny.gov/system/files/documents/2022/01/guidance_matrix_01042022.pdf

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 to be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Amy E. Gildemeister, Director, Schoharie County Department of Health, do hereby find that the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.



AMY E. GILDEMEISTER, DIRECTOR,
SCHOHARIE 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 Schoharie County Director of Health.

Updated 1/10/2022

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