



AFFIRMATION OF QUARANTINE
(Complete one form for each person)

Complete this form if 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 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 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, 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.

Release from Quarantine includes:

My child quarantined for at least five (5) days following the last day of exposure to the COVID-19 positive person and has remained asymptomatic during the five (5) days. In accordance with current NYS quarantine guidelines.

Name of Person in Quarantine: _____

Date of Birth of Person in Quarantine: _____

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

Signature of Parent/Guardian _____

Marcas W. Flindt RN, MSN
Director of Public Health

This form may be used for Quarantine Release as if it was an individual Quarantine Order issued by the Chenango County Health Department Commissioner of Health.