AFFIRMATION OF QUARANTINE OR ISOLATION

COMPLETE SECTION (1) IF YOU HAVE BEEN QUARANTINED DUE TO A COVID-19 EXPOSURE

COMPLETE SECTION (2) IF YOU HAVE BEEN ISOLATED DUE TO HAVING BEEN CONFIRMED OR SUSPECTED OF HAVING COVID-19

SECTION 1 - Quarantine:
I, (print name) ______________________________, do hereby affirm that I quarantined from (date) ____________________ until (date) __________________ consistent with guidance issued by the New York State Department of Health. Specifically, during the period of quarantine, I met the guidance for:

(Initial all that apply)

_____ I had been in close contact with someone who had tested positive for COVID-19 or who was suspected of having COVID-19; or

_____ My child had been in close contact with someone who tested positive for COVID-19 or who was suspected of having COVID-19.

SECTION 2 - Isolation:
I, (print name) ______________________________, do hereby affirm that I isolated from (date) ____________________ until (date) __________________ consistent with guidance issued by the New York State Department of Health. Specifically, during the period of isolation, I met the guidance for:
(Initial all that apply)

______ I experienced COVID-19 symptoms and isolated from the time I was tested until the time I received my negative results; or
______ I tested positive for COVID-19 (for NYS Paid Family Leave COVID-19 submit your individualized Order for Isolation or the Standing Order for Isolation issued by the Erie County Department of Health); or
______ My child experienced COVID-19 symptoms and we isolated from the time my child was tested until the time we received a negative result for my child or
______ My child tested positive for COVID-19; or

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.

Should at least one line above be initialed and this affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Gale R. Burstein, Commissioner, Erie County Department of Health, do hereby find the that the affirming individual herein met the criteria for quarantine or isolation as the case may be during the dates affirmed to above.

GALE R. BURSTEIN MD, MPH, FAAP, COMMISSIONER,
ERIE COUNTY DEPARTMENT OF HEALTH

This form may be used for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Quarantine or Isolation issued by the Erie County Commissioner of Health. More information about COVID Paid Family Leave can be found at https://paidfamilyleave.ny.gov/COVID19 and https://www.dol.gov/agencies/whd/pandemic/ffcr