



COUNTY OF ERIE
MARK POLONCARZ

COUNTY EXECUTIVE

GALE R. BURSTEIN, MD, MPH, FAAP
COMMISSIONER OF HEALTH

DEPARTMENT OF HEALTH

AFFIRMATION OF
QUARANTINE OR ISOLATION

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

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

_____ I had returned from a CDC designated Level 2, Level 3 or Level 4 country or from a state other than those contiguous to New York; or

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

_____ My child returned from a CDC designated Level 2, Level 3 or Level 4 country or from a state other than those contiguous to New York;

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

_____ Testing was not available for me however, I experienced COVID-19 symptoms and had contact with a confirmed COVID-19 case; 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 or

_____ My child tested positive for COVID-19; or

_____ Testing was not available for my child however, my child had COVID-19 symptoms and had contact with a known COVID-19 case.

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

Updated 12/29/2020

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>