



## COUNTY OF ERIE

**MARK POLONCARZ**

COUNTY EXECUTIVE

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

DEPARTMENT OF HEALTH

### **AFFIRMATION OF SELF-QUARANTINE OR SELF-ISOLATION**

***COMPLETE SECTION (1) IF YOU HAVE SELF-QUARANTINED DUE TO  
COVID-19 EXPOSURE***

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

#### SECTION 1:

I, (print name) \_\_\_\_\_, do hereby affirm that I self-quarantined from \_\_\_\_\_, 2020 until \_\_\_\_\_, 2020 consistent with guidance and protocol issued by the New York State Department of Health. Specifically, during the period of self-quarantine, I met the guidance for:

#### **Mandatory Quarantine**

*(Initial all that apply)*

\_\_\_\_\_ I had been in close contact with someone who had tested positive for COVID-19 or who was, at the time, in mandatory isolation; or

\_\_\_\_\_ I had returned within 14 days from an area outside of Western New York that is known for having community spread of COVID-19; or

\_\_\_\_\_ My child had been in close contact with someone who tested positive for COVID-19 or who was, at the time, in mandatory isolation; or

\_\_\_\_\_ My child had returned within 14 days from an area outside of Western New York that is known for having community spread COVID-19.

*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/ffcra-employee-paid-leave>.*

SECTION 2:

I, (print name) \_\_\_\_\_, do hereby affirm that I self-isolated from \_\_\_\_\_, \_\_\_\_\_, 2020 until \_\_\_\_\_, \_\_\_\_\_, 2020 consistent with guidance and protocol issued by the New York State Department of Health. Specifically, during the period of self-isolation, I met the guidance for:

**Mandatory Isolation**

*(Initial all that apply)*

\_\_\_\_\_ I experienced COVID-19 symptoms and self-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 self-isolated from the time my child was tested until the time we received a negative results 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) \_\_\_\_\_, 2020

\_\_\_\_\_  
(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 precautionary quarantine, or mandatory quarantine, or mandatory isolation as the case may be during the dates affirmed to above.**



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

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