



## CAYUGA COUNTY HEALTH DEPARTMENT

*"We promote and protect the health and well-being of the individuals, families and the community we serve."*

**Kathleen D. Cuddy, MPH**

*Director of Public Health*

### **AFFIRMATION OF QUARANTINE**

*(Complete one form for each person)*

I (print name) \_\_\_\_\_, do hereby affirm that I or  
my child quarantined from (date) \_\_\_\_\_

through (date) \_\_\_\_\_ consistent with current  
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, 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 at the time of exposure.

**Name of Person in Quarantine:** \_\_\_\_\_

**Date of Birth of Person in Quarantine:** \_\_\_\_\_

**Last Day of Exposure to the COVID-19 Positive Person:** \_\_\_\_\_

**Affirmed under penalties of perjury by me on (today's date)** \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE)

**PLEASE NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE WITNESSED BY A  
NOTARY PUBLIC; YOU ARE AFFIRMING TO THE VERACITY OF THE  
INFORMATION YOU HAVE PROVIDED ON THE FORM.**

**If completed fully and accurately, based solely on such provided information which I accept as  
fact, I, Kathleen Cuddy, Public Health Director, Cayuga County Health Department, do hereby find  
that the affirming individual herein has met the criteria for quarantine.**

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 Isolation issued by the Cayuga County Health Department  
Director of Health.

*Updated 1/7/2022*