



Department of Public Health  
Chenango County  
Chenango County Office Building  
5 Court Street, Norwich, New York 13815  
<https://www.co.chenango.ny.us/public-health>



**ATTESTATION OF QUARANTINE**

*(Complete one form for each person)*

Complete this form if you or 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 I or 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, 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. Release from Quarantine includes:

1. I quarantined for at least five (5) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the five (5) days. In accordance with current NYS quarantine guidelines.
- OR-
2. My child quarantined for at least ten (5) days following the last day of exposure to the COVID-19 positive person and have remained asymptomatic during the ten (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: \_\_\_\_\_

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

By checking this box, I swear or affirm that the information in this "Attestation of Quarantine is accurate, true and complete to the best of my knowledge. I understand that if I have knowingly made a false statement herein, I may be subject to prosecution under New York State Penal Law 210.45. I am responsible for providing all correct information including full name, date of birth, email address, mailing address, and phone number on this form. I understand that pursuant to the Electronic Signatures and Records Act (ESRA), the use of an electronic signature shall have the same validity and effect as a signature by hand.

If completed fully and accurately, based solely on such provided information which I accept as fact, I, Isaiah Sutton, Public Health Director, Chenango County Health Department, do hereby find that the affirming individual herein has met the criteria for quarantine if the date this form is affirmed is more than required number of days (as consistent with the above requirements) from the listed quarantine period onset date.

Isaiah Sutton, MPH  
Director of Public Health

*This form may be used for Quarantine Release or for New York Paid Family Leave COVID-19 claims as if it was an individual Quarantine Order issued by the Chenango County Health Department Commissioner of Health.*

*Updated 09/26/2022 V1*

Children's Services  
607-337-1729  
Fax: 607-337-1720

Environmental Health  
607-337-1673  
Fax: 607-337-1720

Nursing Services  
607-337-1660  
Fax: 337-1709

**After Hours for All Divisions Call 607-337-1660**