



**Public Health**  
Prevent. Promote. Protect.

Cortland County Health Department

# CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING  
60 CENTRAL AVENUE  
CORTLAND, NEW YORK 13045-2746  
(607) 753-5036  
FAX: (607) 753-5209  
<http://www.cortland-co.org/432/Health-Department>

Nicole Anjeski, MS, MPH  
*Public Health Director*  
Lisa Perfetti, BSN, RN  
*Deputy Public Health Director*  
Ngozi Mezu-Patel, MD  
*Medical Advisor*

## AFFIRMATION OF QUARANTINE

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 or FULLY VACCINATED AND ELIGIBLE FOR A BOOSTER BUT NOT YET BOOSTED 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 New York State Department of Health (NYSDOH) guidance. As per New York State Department of Health (NYSDOH) guidance, I or my child was identified as a close contact to a COVID-19 positive person during their contagious period.

### Quarantine Guidance for General Population

As per NYSDOH, if you or your child have been identified as a close contact to a COVID-19 positive person:

- If not fully vaccinated or fully vaccinated and eligible for a booster but not yet boosted, quarantine for 5 days and wear a well-fitting mask while around others for an additional 5 days.

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

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

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

Sworn and subscribed by me on (today's date) \_\_\_\_\_

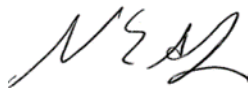
\_\_\_\_\_  
(SIGNATURE)



WORKING TO BUILD A HEALTHY COMMUNITY SINCE 1929

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.

**This affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact,** I, Nicole E. Anjeski, Public Health Director, Cortland County Department of Health, do hereby find the that the affirming individual herein met the criteria for quarantine as the case may be during the dates affirmed to above.



NICOLE E. ANJESKI, MS, MPH, PUBLIC HEALTH DIRECTOR  
CORTLAND COUNTY HEALTH DEPARTMENT

Additional information regarding COVID-19 and NYSDOH Guidance can be found at <https://www.cortland-co.org/432/Health-Department>

*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 Quarantine issued by the Cortland County Public Health Director*

*Updated on 1/5/2022*