

SARATOGA COUNTY PUBLIC HEALTH SERVICES (SCPHS): REQUEST TO REDUCE QUARANTINE USING SYMPTOM MONITORING AND DIAGNOSTIC TESTING

Summary: Individuals who wish to request reduced quarantine must submit three items to SCPHS.

- Proof of identity.
- An appropriately timed, negative test result that meets other requirements listed below.
- A completed, signed attestation form.

Availability and Processing Time of Early Release Requests: Asymptomatic individuals who have a negative COVID-19 viral test (including antigen tests and PCR tests) result from a diagnostic specimen tested by a [laboratory permitted by the New York State Department of Health](https://www.health.ny.gov/health_care/2019/november/14/antigen_testing.htm) (NYSDOH) may request a reduced quarantine period. The specimen must be collected no sooner than Day 5 of quarantine and within 48 hours of the time of planned quarantine discontinuation. Quarantine cannot be discontinued earlier than after Day 7. A list of COVID-19 testing locations can be found online at <https://coronavirus.health.ny.gov/find-test-site-near-you> or by calling 888-364-3065.

Day 5 of quarantine is defined as the fifth day after an individual's last documented close contact exposure to an individual infectious with COVID-19 ("last exposure"). For example, if an individual's last exposure took place sometime on September 1, the fifth day of quarantine would be on September 6. If a specimen collected on September 6 tested negative for COVID-19, the individual could potentially be released from quarantine after 11:59 PM on September 8.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2 Quarantine Day 1	3 Quarantine Day 2	4 Quarantine Day 3	5 Quarantine Day 4
6 Quarantine Day 5	7 Quarantine Day 6	8 Quarantine Day 7	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

A variety of circumstances influence whether permitting early release from quarantine is appropriate or practical. SCPHS retains the right to suspend the early release option at any time, either individually or universally, and cannot guarantee the speed with which any request for early release is reviewed and processed. Factors affecting the early release option's availability and response time include, but are not limited to, the following:

- **First Come, First Served Basis:** Requests for early release are accepted and reviewed on a first come, first served basis, meaning that SCPHS processes requests in order of their receipt.
- **Availability of Diagnostic Testing Resources:** Testing for the purpose of earlier discontinuation of quarantine will be considered only when it will have no impact on community diagnostic testing. Testing of persons seeking evaluation for infection will be prioritized.

- **Local Transmission Patterns:** SCPHS may deny early release requests owing to local transmission patterns that, in its assessment, warrant a more cautious quarantine strategy.
- **Individual Risk Profile:** SCPHS may deny early release requests based on an assessment of the individual's unique transmission risk.
- **Public Health Staffing and Resource Capacity:** To protect the health and safety of county residents, SCPHS will continue to prioritize case investigation, vaccination, and related COVID-19 response activities.

Instructions: Complete the information requested below and fax or email both pages of this form to 518-363-8988 or quarantinereleaserequest@saratogacountyny.gov. The form must be accompanied by proof of identification (including but not limited to New York State Driver's License or a valid passport) and a copy of the negative COVID-19 viral test that includes the name of the laboratory, name of the individual tested and their date of birth, the date the specimen was collected, and the result of the viral test. Submission of the lab report is necessary because in many cases, the laboratory may not report the result to SCPHS or report to us in a timely manner.

If the individual for whom reduced quarantine is being requested is a minor, then the submission should include proof of the parent or guardian's identity. Persons requesting reduced quarantine using symptom monitoring and diagnostic testing can also mail their request to SCPHS at 6012 County Farm Road, Ballston Spa, NY 12020.

Name: _____

Date of Birth: _____

Phone Number: _____

Parent/Guardian name (if applicable): _____

Date Quarantine Commenced/First Day of Quarantine (refer to Quarantine Order): _____

Today's Date: _____

Attestation:

I have received, read and understand [Saratoga County Public Health's Protocol to Reduce Quarantine for Contacts of Persons with COVID-19 Infection Using Symptom Monitoring and Diagnostic Testing](#). I have also read and understand the above information and disclosure and, further, declare that, to the best of my knowledge:

I certify that, with respect to any test result that may be included with this attestation, I have undergone testing by a laboratory permitted by NYSDOH and that the viral test was conducted on a specimen collected from me at least 5 days after my last exposure.

I have not and am not currently experiencing, nor have I reported, any signs or symptom of COVID-19 infection since my exposure. If any develop, I agree to immediately self-isolate and contact my healthcare provider and the Saratoga County Public Health Services (SCHPS) at (518) 885-2276. However, in a true medical emergency, I agree to first call 911.

I agree to maintain continued vigilance against COVID-19 by adhering to the conditions described in [Saratoga County Public Health's Protocol to Reduce Quarantine for Contacts of Persons with COVID-19 Infection Using Symptom Monitoring and Diagnostic Testing](#) and this document upon release from quarantine and through Day 14 following my last exposure.

I understand that should I fail to maintain continued vigilance against COVID-19, SCPHS may reinstate my quarantine and take any other actions for which it has legal authority that it deems necessary to protect public health and safety.

SIGNATURE

Date

PRINT NAME

If you completed this form on behalf of a child under age 18 or on behalf of an individual who is unable to attest on his or her own behalf (e.g., by reason of physical or mental impairment):

I am the parent, guardian, or legal representative of the person identified below, I am completing this form on their behalf, and I have the authority to and, by completing this attestation, hereby attest to the information provided herein.

PRINT NAME OF PERSON ON WHOSE BEHALF FORM IS SUBMITTED

Privacy Disclosure

SCPHS is strongly committed to protecting personal information collected through this website against unauthorized access, use or disclosure. Consequently, SCPHS limits employee access to personal information collected through this website to only those employees who need access to the information in the performance of their official duties. Employees who have access to this information follow appropriate procedures in connection with any disclosures of personal information. In addition, SCPHS has implemented procedures to safeguard the integrity of its information technology assets, including, but not limited to, authentication, monitoring, auditing, and encryption. These security procedures have been integrated into the design, implementation, and day-to-day operations of this website as part of our continuing commitment to the security of electronic content as well as the electronic transmission of information.

SCPHS may collect or disclose personal information without consent if the collection or disclosure is: (1) necessary to perform the statutory duties of the SCPHS, or necessary for SCPHS to operate a program authorized by law, or authorized by state or federal statute or regulation; (2) made pursuant to a court order or by law; (3) for the purpose of validating the identity of the user; or (4) of information to be used solely for statistical purposes that is in a form that cannot be used to identify any particular person.