Department Of Health
__________ County Health Department

QUARANTINE TO RESIDENCE ORDER (NON-COMPLIANCE)

By authority of Chapters 381 and 252, Florida Statutes
and Chapter 64D-3, Florida Administrative Code

_____ CHD Order #____________.

You, __________ (name) ___________, have been identified as a person classified as a
_______________ “contact,” or identified as a confirmed case, a probable case, or suspect
case of ______________________________, a communicable disease or unsafe condition that
poses a threat to the public health. You are further classified as non-compliant with quarantine
because after you were counseled about a communicable disease or unsafe condition that
poses a threat to the public health, and methods to minimize the risk to the public and, despite
such counseling, you indicated an intent by ___(words or actions)___ to expose the public to
_______________. All other reasonable means of obtaining your compliance with quarantine
have been exhausted; no less restrictive alternative exists.

YOU ARE NOT PERMITTED TO LEAVE YOUR RESIDENCE. You are QUARANTINED to
your residence at _________________________, and while QUARANTINED there shall
continuously wear an electronic monitoring ankle bracelet on your ankle, or alternatively
______________________________, from the date of this Order until ___(date)___ or
until released from DETENTION QUARANTINE by the undersigned, such determination to be
made upon the recommendation of the State Epidemiologist or State Health Officer.

While in QUARANTINE, you must wear a surgical mask at all times while in the presence of any
individual, including any caregiver. Your visitors and/or caregivers also must wear surgical
masks at all times when in your presence. The County Health Department (CHD) will call your
residence daily to obtain your temperature record, which you must take and record two times
daily. If you do not answer your telephone or are not at home during two consecutive contact attempts, the CHD may order you to wear an electronic monitoring bracelet to ensure that you do not leave your residence. If you leave your residence while monitored, the CHD may forcibly detain you in a quarantine facility.

While in QUARANTINE, you shall comply with the orders of medical personnel regarding your medical care. You shall cooperate with the County Health Department (CHD) and with CHD access to you and to your medical records for purposes of delivering or monitoring your medical care.

Other Requirements/Orders:

Reasons For Above:

DONE and ORDERED by the ________ County Health Director/Administrator this ____ day of ____________, 20___.

By order of:

_________ County Health Department

_________Area Code & Phone Number
DUTY TO COMPLY: This action is taken under the police power authority of the health department and your cooperation is required by law. Violation of any term of this Order or failure to comply during the life of this Order with the above-stated directives, including any attempt by a person to enter, exit or behave in a manner prohibited by the Order, is a CRIME.

RIGHT TO REVIEW. Upon request to the CHD, this Quarantine Order will be reviewed on an expedited basis. Review can be initiated by a phone call to the telephone number of the official whose name appears on this Order.

RIGHT TO CHALLENGE: This Quarantine Order may be challenged, such as through petition for writ of habeas corpus, Ch. 79, F.S., following the procedures set out in Rule 1.630, Florida Rules of Civil Procedure (extraordinary remedies) or by Petition For Administrative Review, sec. 120.569 et seq., F.S.

If you have concerns or questions regarding this Quarantine Order that you wish to discuss with your attorney please do so by telephone. Do not go to your attorney’s office or break this Quarantine in any way.

Legal Authority: s.381.0011(4),(5),(6) and s.381.0012(5), and s. 252.36(2), F.S.; Rules 64D-3.005 and 64D-3.007, Florida Administrative Code