

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

(for quarantine review requests, contact person)

**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