

Department Of Health
_____ County Health Department

VOLUNTARY HOME QUARANTINE AGREEMENT

The (name) County Health Department ("CHD") and _____ enter into this Voluntary Home Quarantine Agreement for the purpose of ensuring a healthy and safe community by avoiding the possible transmission of _____.

I, _____, agree to go directly home to my residence at _____ and remain there from today until ____ days after all _____ symptoms have ended. I will not leave my home until the CHD has given me permission.

While at home, I agree to wear a surgical mask at all times when in the presence of anyone, including my family members or anyone who lives with me. If I am unable to wear a mask, I agree that I will request that anyone, including my family, who come into my presence shall wear a surgical mask to protect them from possibly contracting _____. (If you cannot afford masks, the CHD will provide them to you.) If possible, I agree to sleep in a separate room from the people residing in my home. I will refrain from sharing personal items like towels, drinking glasses, cutlery and thermometers. I agree to take and record my temperature twice daily and I understand that the CHD will be calling my house once every day to ensure my compliance and to monitor my temperature. I also agree to cover my mouth and nose with facial tissue when coughing or sneezing, and will frequently wash my hands, especially after blowing my nose, coughing, or sneezing or touching my face.

The CHD agrees to monitor my recorded health information and provide me with information about my condition while I am in isolation. Updated _____ information can be found at the CHD website, at www.myflorida.com. (contact person) of the CHD can be reached at (phone number) for any questions or concerns that I may have during my isolation. (If you are in need, the CHD will attempt to provide food and other necessities to you through other social agencies while you are in _____ isolation.) By signing this Agreement, I authorize the CHD to access my medical records for the term of this Home Isolation Agreement.

I understand and voluntarily agree to obey the requirements of this Home Isolation Agreement.

signature of patient or guardian

date

telephone numbers
