

ORDER FOR QUARANTINE OF INDIVIDUAL

The _____ (“Health Department”) has determined, based upon the information contained below, that the individual referred to in this Order has been exposed to a dangerously contagious or infectious disease. As a result, it is required that this individual remain in quarantine until he/she is no longer potentially contagious or infectious to others.

Section A: Type of Order

This Order for quarantine is made upon (check all that apply):

Voluntary (consented) (see Section H)

Immediate *(If this is an immediate order then the Health Department may order quarantine without consent or a court order if immediate action is required to protect the public from a dangerously contagious or infectious disease. The Health Department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.)*

Section B: Information**Individual Subject to Quarantine:**

Name: (Last) _____ (First) _____ (M.I.) _____ Date of Birth: ____ - ____ - ____

Member of a household

Current Location of Individual: (If a healthcare facility, include room number):

Address: (Street) _____ (Apt./Rm.#) _____ (City) _____
 (State/Country) _____ (Zip) _____ (Telephone) _____ (Fax) _____
 (Cell/pager) _____ (Email) _____

Permanent Address:

Address: (Street) _____ (Apt./Rm.#) _____ (City) _____
 (State/Country) _____ (Zip) _____ (Telephone) _____ (Fax) _____
 (Cell/pager) _____ (Email) _____

Name of Treating Physician:

Name: (Last) _____ (First) _____
 Address: (Street) _____ (Apt./Rm.#) _____ (City) _____
 (State/Country) _____ (Zip) _____ (Telephone) _____ (Fax) _____
 (Cell/pager) _____ (Email) _____

Emergency or Other Contact Information:

Name: (Last) _____ (First) _____ Relationship: _____
 Address: (Street) _____ (Apt./Rm.#) _____ (City) _____
 (State/Country) _____ (Zip) _____ (Telephone) _____ (Fax) _____
 (Cell/pager) _____ (Email) _____

Section C: Department of Public Health Findings

1. A reasonable belief exists that the individual identified in this Order has been exposed to the following dangerously contagious or infectious disease: novel coronavirus (2019-nCoV)
2. Quarantine is ordered based upon the following findings:
 Physical Examination Medical Evaluation Laboratory Testing Environmental Exposure Other Information

Describe the facts in support: _____

3. Duration of Quarantine: _____

Section D: Terms of Quarantine

The individual subject to this Order is required to remain in quarantine at the following location and to follow the instructions set forth below:

Place of Quarantine (name of facility, if any): _____
 Address: (Street) _____ (Apt./Rm.#) _____ (City) _____
 (State/Country) _____ (Zip) _____ (Telephone) _____ (Fax) _____
 (Cell/pager) _____ (Email) _____

Instructions:

- Healthcare facility quarantine: *(Follow instructions provided by healthcare personnel)*
- Home quarantine:
- Wear a protective mask when in presence of others
 - Use separate bathroom from other household members (if possible)
 - Wash hands after using bathroom and after touching respiratory secretions
 - Monitor your body temperature and record the results and the time
 - Report body temperature results to Health Department
 - Sleep in a separate room from other household members
 - Call _____ at Health Department at (____) _____ if you experience the following physical symptoms: _____
- Receive Specific Treatment _____ Medication _____ Dose _____ Days
- Other Restrictions/Instructions: _____
- If family members or other persons who reside in your home have not been issued a home quarantine order, they may leave your home to carry on their daily routines and to assist you with any needs you may have during the period of confinement. If you live alone, or if every member of your household is under a home quarantine order, you should arrange by telephone for relatives, neighbors, or friends to assist with any needs you may have during the period of confinement. **These persons should not have direct contact with you.** If you need assistance in providing for your daily needs, you should call the Health Department and ask to speak with a health officer.

Section E: Statement of Legal Rights and Duties

1. The Health Department has ordered you to remain quarantined from other members of the community, and to follow the instructions set forth in Section D above, because it is believed you have or are suspected of having a dangerously contagious or infectious disease which must be controlled in order to protect others from becoming infected.
2. This Order will remain in effect only as long as you are in danger of spreading the disease to others.
3. Health Department staff will coordinate with your usual healthcare provider(s) to ensure that you are allowed to leave quarantine as soon as quarantine is no longer necessary to protect the public's health.
4. While quarantined, you are required to cooperate with the instructions of your healthcare provider(s) and the Health Department.
5. The Health Department requests that you sign the consent agreement contained in Section H of this order. If you do not consent, then the Health Department will seek a court order to require that you remain in quarantine. **If this is an immediate order for quarantine then the Health Department is not required to obtain your consent or file a petition seeking a court order until after issuing the order.** The Health Department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.
6. You have the right to counsel. If you are indigent, the court will appoint counsel for you.

Section F: Signature of Authorizing Official_____
(name of Health Department)Address: (Street) _____ (Apt./Rm.#) _____ (City) _____
(State/Country) _____ (Zip) _____ (Telephone) _____ (Fax) _____
(Cell/pager) _____ (Email) __________
Signature_____
Date and Time_____
Title**Section G: Enforcement**

Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department's power of quarantine, quarantine and closure or refuses to comply with a quarantine, quarantine or closure order is guilty of a Class A misdemeanor. (20 ILCS 2305/2(k).)

Section H: Consent Agreement to Quarantine (Optional, if individual consents)

I, _____, voluntarily agree to remain in quarantine as ordered by the Health Department. I understand that my compliance with this Order is important to safeguarding the public's health and that if I violate its terms, I will put myself at risk, endanger the community's health, and risk spreading a communicable disease to others. I have received a copy of, and have read or had explained to me, information on the disease novel coronavirus (2019-nCoV). The terms and conditions of the Order have been explained to me, I have had a chance to ask questions, and they were answered to my satisfaction.

I understand that I must comply with this Order and that if I wish to withdraw my voluntary consent to this Order I will notify Health Department at () _____ (during normal business hours) or () _____ (after hours). If I withdraw my voluntary consent to this Order, the Health Department will seek a court order to require that I remain in quarantine. If this is an immediate order for quarantine then the Health Department is not required to obtain my consent or file a petition seeking a court order until after issuing the order. The Health Department must as soon as practical (within 48 hours after issuing immediate order) obtain consent or request a court order except when court system is unavailable or it is impossible to do so.

I understand that if I violate this Order that I may be guilty of committing a Class A misdemeanor as described in Section G of this order.

I understand that if I have any questions regarding this Order I should contact Health Department at () _____ (during normal business hours) or () _____ (after hours).

Signature_____
Date and Time

Section I: Consent for Minor (Optional, if individual is a minor)

Consent by Parent and/or Legal Guardian:

Name of Parent / Legal Guardian _____

I am (check one) _____ Parent _____ Legal Guardian

I certify that I am the parent and/or legal guardian of the minor child whose name is listed above (Child). I have read and fully understand the nature of this Order and agree to assume the full responsibility for compliance with this Order with respect to the Child.

Signature

Date and Time

Section J: Legal Authority

This Order is issued pursuant to the legal authority contained in the Department of Public Health Act (20 ILCS 2305/2).