

ISOLATION ORDER
Pandemic _____ Influenza

DRAFT

You may have been exposed or are reasonably suspected of being exposed to pandemic _____ influenza and have developed some symptoms of pandemic _____ influenza. Pandemic _____ influenza is highly contagious and is spread person to person mostly by coughing or sneezing. If pandemic _____ influenza spreads in the community, it will have severe public health consequences. Your illness requires that you be isolated and requires further public health investigation and monitoring.

I, [name of health director] of [name of agency], pursuant to authority vested in me by North Carolina General Statute (NCGS) 130A-145, issue this ISOLATION ORDER to [name of person].

You are required to remain at the following location [_____] for the time specified in this ISOLATION ORDER: _____. [length of time from symptom onset? Exposure?]

You are required to:

- Follow these instructions for the duration of this order.
 - Contact the health department if, during the duration of this order, your symptoms become worse, or you develop any new symptom such as fever, headache, muscle aches or respiratory difficulties, including sore throat, cough or breathing difficulties.
 - Comply with other requirements based on individual circumstances of the isolation or the disease:
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- Comply with advisory for _____ given to you at the time you received this order.

If you fail to comply with this ISOLATION ORDER, you will be subject to prosecution pursuant to NCGS 130A-25, which provides for imprisonment for up to two (2) years, as well as pretrial detention without bail under NCGS 15A-534.5.

The staff of this Health Department is available to provide assistance and counseling to you concerning your pandemic _____ influenza and compliance with this ISOLATION ORDER.

The authority of this ISOLATION ORDER to restrict your freedom of movement expires in 30 days from the date of this order unless extended or modified by a court pursuant to NCGS 130A-145. You may petition the Superior Court for review of the restriction of your freedom of movement contained in this ISOLATION ORDER pursuant to NCGS 130A-145(d).

Health Director	Date	Time
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Issued by: _____
Date

I have received the original copy of this order: _____
Patient Signature Date