

QUARANTINE ORDER
Severe Acute Respiratory Syndrome (SARS)

You are suspected of having been exposed to a patient under investigation for Severe Acute Respiratory Syndrome (SARS). SARS is a disease associated with fever, cough, and possibly pneumonia or other respiratory illness. It is spread person to person mostly by coughing or sneezing. If SARS spreads in the community, it will have severe public health consequences. Your possible exposure 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 QUARANTINE ORDER to {name of person}.

You are required to remain in your community for the specified time in this QUARANTINE ORDER.

You have been properly informed and counseled by {name, title} regarding the control measures for exposure to SARS. Failure to comply with the control measures is a violation of NCGS 130A-144 and may result in incarceration for the recommended period of quarantine under NCGS 15A-534.5.

You are required to:

- Follow these instructions until {date}, which is 10 days after your last potential exposure to SARS.
- During the quarantine period, you must take your temperature twice a day, once in the morning and once in the afternoon or evening.
- During the quarantine period, observe yourself for any of the following symptoms: headache, body aches, fever in excess of 100.4 degrees F, respiratory symptoms such as difficulty in breathing, shortness of breath or cough.
- You must report any symptoms immediately to {name, title, agency} and seek medical attention if additional symptoms develop.
- If you develop any of these symptoms do not go to work, school, childcare, community gatherings, or other public areas.
- Wash your hands often and well, especially after you have blown your nose.
- Cover your mouth and nose with a tissue when you sneeze or cough.
- Don't share silverware, towels, or bedding. Don't reuse these items until they have been washed with soap and hot water.
- Clean surfaces (counter or tabletops, doorknobs, bathroom fixtures, etc.) that have been contaminated by your body fluids (sweat, saliva, mucous, vomit or urine) with a household disinfectant used according to the manufacturer's instructions. Wear disposable gloves during all cleaning activities. Throw these gloves away after use.
- Cooperate with the local health department in monitoring any symptoms that might indicate illness, as well as illness in household members and close contacts.

If you fail to comply with this QUARANTINE ORDER, you will be subject to prosecution pursuant NC law (NCGS 130A-25) punishable by up to two (2) years imprisonment as well as pretrial detention without bail under GS. 15A-534.5. If you plan to move to a new address within {name of jurisdiction}, you are required to notify this Health Department and obtain prior approval.

The staff of this Health Department remains available to provide assistance and counseling to you concerning your situation and compliance with this QUARANTINE ORDER. The authority of this QUARANTINE ORDER to restrict your freedom of movement expires in 10 days from your exposure unless extended or modified by a court pursuant to G.S. 130A-145.

You may petition the Superior Court for review of the restriction of your freedom of movement contained in this QUARANTINE ORDER pursuant to G.S. 130A-145(d).

Signature of Local Health Director, Date

Issued by: _____

Name, Title, Date

I have received the original copy of this order: _____

Patient Signature

Date