



**Government of the District of Columbia
Department of Health**



**DISCLOSURE OF NO PATIENT CONTACT
AND VOLUNTARY REPORTING AGREEMENT**

Provider's Name: _____

Home Address: _____

Home Telephone: _____

Cellular Telephone: _____

email: _____

I am a licensed health care provider and/or licensed provider who has traveled to and has been in one or more of the following countries within the last 30 days:

- _____ Liberia
- _____ Sierra Leone
- _____ Guinea
- _____ Mali

While in Liberia, Sierra Leone, Guinea, and/or Mali. I was not involved in the treatment of Ebola patients.

For at least 21 days, I agree to the following:

1. I will report my temperature and symptoms twice per day to the District of Columbia Department of Health. I agree to be contacted by phone to report my temperatures or I can report my temperatures by emailing them to doh.epi@dc.gov or by calling (844) 49-EBOLA (493-2652). I will report my temperatures taken at the following times:
 - a. First thing in the morning;
 - b. Between 3:00 pm to 4:00 pm each day; and,
 - c. If at any point, my temperature is 100.4 degrees Fahrenheit (38°C) or higher, I will call (844) 49-EBOLA (493-2652) immediately.

I agree to immediately report to the District of Columbia Department of Health by emailing doh.epi@dc.gov or calling (844) 49-EBOLA (493-2652) all signs and symptoms that could be indicators of Ebola, whether or not contained on a list of such signs and symptoms provided to me.

2. I agree to discuss activities, travel plans, and any issues related to my isolation with District of Columbia Department of Health public health workers.

Date: _____
_____ *Signature*

Witness: _____
_____ *Signature*

Printed Name of Witness: _____