



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



**DISCLOSURE OF PATIENT CONTACT AND VOLUNTARY ISOLATION  
IN LIEU OF FORCED QUARANTINE 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 involved in the treatment of Ebola patients.

To avoid forced quarantine and isolation, I agree to the following:

1. I will voluntarily isolate myself at my home for at least 21 days.
2. During the time that I will be isolated at home, I agree to:
  - a. Not have any patient care or patient contact;
  - b. Avoid public transportation;
  - c. Avoid mass gatherings, including but not limited to movies theaters, religious events, sports events, and lectures;
  - d. Avoid unnecessary visits to supermarkets, pharmacies, and other businesses;
  - e. Not travel long distances except with the approval of the District of Columbia Department of Health;
  - f. Maintain a log of visitors to and residents of the home;
  - g. Maintain a log for each time I leave my home, including the locations visited and persons with whom I had contact; and,
  - h. Take other steps in consultation with the District of Columbia Department of Health.

3. 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](mailto: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](mailto: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.

4. I agree to discuss activities, travel plans, and any issues related to my isolation with District of Columbia Department of Health public health workers.
5. I understand that my failure to comply with the legal obligations outlined above may lead the Director of the District of Columbia Department of Health to implement quarantine measures, including but not limited to a Communicable Disease Removal and Detention Order, permitted by D.C. Official Code §§ 7-131 *et seq.* and 22-B D.C. Municipal Regulations §§ 200 *et seq.*
6. I acknowledge that the Director of the District of Columbia Department of Health may issue an order requiring my removal and detention when there is probable cause to believe I am likely dangerous to the lives or health of other persons; that involvement in treatment of Ebola patients may create probable cause to quarantine me; and, that my non-cooperation with public health officials may result in forced quarantine and isolation.

Date: \_\_\_\_\_  
\_\_\_\_\_ *Signature*

Witness: \_\_\_\_\_  
\_\_\_\_\_ *Signature*

Printed Name of Witness: \_\_\_\_\_