



ALLEN COUNTY PUBLIC HEALTH

Allen County Combined Health District

MONITORED SELF-QUARANTINE COVID-19

Name of person in quarantine: _____ Quarantine Address: _____

Name of parent or guardian if minor child or dependent: _____

You should use this letter if you have reason to believe that you have come into close contact with a person who has COVID-19 and you are not up-to-date on COVID-19 vaccinations¹.

As a result of the close contact, you may have or may develop this disease. If you were to have this disease, you would pose a substantial threat to the health of the public. To prevent transmission of this contagious disease, quarantine is recommended, and you have agreed to self-quarantine. The location where you should quarantine is your home or other suitable place. The Health Commissioner considers this the least restrictive clinically appropriate place of quarantine given the nature of this disease. Your quarantine period will be in effect until you meet the criteria below.

<p>If you: Have received a booster shot OR Completed the primary series of Pfizer or Moderna vaccine within the last 5 months OR Completed the primary series of J&J vaccine within the last 2 months OR Have had COVID-19 within the last 90 days</p>	<p>Wear a mask around others for 10 days Test on day 5, if possible.</p> <p><i>If you develop symptoms, get a test and stay home.</i></p>
<p>If you: Completed the primary series of Pfizer or Moderna vaccine over 5 months ago and have not received a booster shot OR Completed the primary series of the J&J vaccine over 2 months ago and have not received a booster shot OR Have not been vaccinated for COVID-19</p>	<ul style="list-style-type: none"> • Stay home for 5 days. After that continue to wear a mask around others for 5 additional days • If you can't quarantine you must wear a mask for 10 days. • Test on day 5 if possible. • You need to monitor your symptoms for the full 10 days. <p>5-day quarantine monitoring period: From _____ to _____. The ESTIMATED release date from quarantine is _____</p> <p><i>If you develop symptoms, get a test and stay home.</i></p>

¹**Up-to-date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Revised 02-2022



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AFFIRMATION OF QUARANTINE

I, (print name), _____, do hereby affirm that I (or my child or dependent) quarantined from (date) _____ through (date) _____ consistent with the guidance explained above, which was issued by the Ohio Department of Health, the Allen County Combined Health District, and the Centers for Disease Control and Prevention. As per the guidance, I (or my child or Dependent), was identified as a close contact to COVID-19 person during their contagious period and was not up-to-date on COVID-19 vaccinations at the time of exposure.

I (or my child or dependent) quarantined for five (5) days following the last day of exposure to the COVID-19 positive person and have tested negative or do not have symptoms of COVID-19.

Name of person in quarantine: _____

Date of Birth of person in quarantine: _____

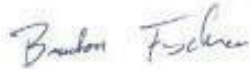
Last day of exposure to the COVID-19 Positive person: _____

Signature: _____

(Parent/Guardian must sign if child or dependent is under 18 years old)

Any questions regarding this form may be directed to 419-228-4457. This monitored self-quarantine is recommended effective immediately upon known exposure to the above named individual.

Should your employer/school ask for documentation of this self-quarantine, please share this document with them.



Brandon Fischer, MA, REHS
Health Commissioner

Date

*Revised 02-2022
Monitored Self-Quarantine and Employer Letter*

GUIDANCE FOR SELF-QUARANTINE

You SHOULD stay home for 5 days and monitor symptoms for 10 days.

If you have questions, please call 419-228-4457.

A 5-day quarantine, from _____ to _____ is preferred in order to verify whether or not you have a communicable disease. You should follow as much of the Quarantine Guidance as you can for the full 5-day period, followed by strict mask use for an additional 5 days.

Self-Quarantine Guidance:

- You should remain in your home.
- Do not go to work, school, public areas or events.
- Do not use taxis or public transportation until you have been told it is safe to do so.
- Ask for help if you require groceries, other shopping or medications, during your quarantine period.
- If required, ask someone to take your children to school.
- Separate yourself from other people in your home by at least 6 feet.
- Stay in your own well-ventilated room (windows opened regularly) with the door closed, as appropriate.
- Use a separate bathroom/toilet, if available.
- Clean bathroom/toilet after every use.
- Do not invite visitors (including friends and family) to your home.
- Do not make contact with people at the front door.
- Wash hands often with liquid soap and water for at least 20 seconds.
- Alcohol-based hand sanitizer can be used if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use disposable paper towels to dry your hands. Avoid sharing household items.
- Do not share eating utensils, towels, bedding or other items with other people.
- Wear a face mask when you are in the same room with other people, minimize contact with other people even if you are wearing a face mask.

Monitoring and Reporting

- Use a thermometer to take your temperature twice a day, once in the morning and once at night. Record your temperature. Also watch for other COVID-19 symptoms:
 - Fever or Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste and or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea

If you develop any fever or COVID-19 symptoms during the 10 days after your last exposure to the person with COVID-19, call your healthcare provider and seek testing.