



343-NonDOH March 2011

VOLUNTARY ISOLATION/QUARANTINE AGREEMENT

I, _____, date of birth _____, gender _____
(full name - please print legibly)

M__ F__, have agreed to be [] isolated
[] quarantined

at:

(premises subject to isolation and quarantine)

pursuant to WAC 246-100-040 et seq. I understand that my isolation or quarantine

commences on (moment of signing) _____ and _____,
(date) (time)

and will remain in effect for _____ days, unless rescinded by the health officer.

I acknowledge that my rights have been explained to me, and that I understand the reasons that isolation or quarantine is necessary, namely:

Suspected Communicable Disease or Infectious Agent if Known: Tuberculosis

Medical Basis on Which Decision to Isolate or Quarantine Is Justified:

[] You are suspected of having been exposed to _____ and are potentially currently infectious to others.

[] You have been diagnosed with an active case of _____ and you are in all likelihood currently infectious to others.

[] Other: _____

Special Instructions:

It is very important for the protection of your own health and that of others that you abide by this Voluntary Isolation/Quarantine Agreement. If you have any questions about this Agreement or need assistance in complying, please call:

The Health Officer may seek your voluntary compliance, may mandate isolation or quarantine, or may petition the Superior Court for an order authorizing isolation or quarantine or continued isolation or quarantine for a period up to 30 days.

**Local Health Officer or His Designee
Tacoma-Pierce County Health Department.**

IMPORTANT NOTICE

You have the right to petition the Superior Court for release from isolation or quarantine in accordance with WAC 246-100-055. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance. If you require a translator, one will be provided for you, and a copy of all relevant documents will be sent to you in an interpreted form. A complete copy of your rights shall be attached to this form.

I, _____, acknowledge that I have received a copy of the Voluntary Isolation/Quarantine Agreement, and that I have read or had read to me said Order and that I understand and agree to the terms therein. I further agree that I am voluntarily entering isolation or quarantine.

Signed _____ . Dated this _____ day of _____, 20____.

Internal use only:

Dated this _____ day of _____, 20____.

Date copies of Written Order was delivered to person or group of persons: _____ . Method of delivery: personal service _____; registered mail _____ . If the order relates to a group and the order is posted, date and location of posting: _____ .