Each person who will be placed under quarantine will have to give an undertaking

Date: 05-May-2020

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UNDEARTING

BY PERSONS ADVISED HOME QUARANTINE BY MEDICAL TEAM

1. I have been advised to undergo home quarantine by the Medical Team at Rangpo Checkpost and I shall travel only in the designated bus/vehicle to my home as directed by the officials at Rangpo Checkpost.
2. I shall maintain social distancing at all times and abide by the guidelines and directions imposed by the Government of Sikkim.
3. I shall make necessary arrangements at my home for quarantine and stay in a well-ventilated single-room preferably with an attached separate toilet.
4. I shall stay away from elderly people, pregnant women, children and persons with co-morbidities within the household.
5. I shall wear protective face mask/triple layer medical mask and follow cough etiquette and hand hygiene and maintain social distance (avoid close contact within 1 meter, avoid talking face-to-face, kissing, hugging, etc.) with family members, relatives or colleagues.
6. I shall wash hands as often as possible thoroughly with soap and water or with alcohol-based hand sanitizer and avoid sharing household items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people at home.
7. I shall maintain the cleanliness and hygiene of my surroundings.
8. I shall strictly avoid going out of my home and stay in a separate room and under no circumstances attend any social/religious gathering e.g. wedding, condolences, etc.
9. I shall periodically monitor myself for clinical signs like fever, cough, shortness of breath, general weakness and body ache and in case of any such symptoms shall immediately report to the concerned Medical Team immediately.
10. I shall maintain strict self-isolation at all times for the prescribed period.
11. I shall monitor my health and those around me and report to the assigned Medical Team in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.
12. I am liable to be acted on under the prescribed law for any non-adherence to self-isolation protocol.

Signature________________________
Date________________________
Contact Number________________________