



# AFFIDAVIT

- I agree that I will remain in strict **room** quarantine from today onwards for 14 days in total (or as extended by health department).
- I will contact local public health authority (PHC) and district corona control room over phone as soon as I reach home.

If I manifest any symptoms or for any medical or non medical needs I shall seek assistance from the PHC Medical Officer **OVER PHONE**.

- I will never go outside my home and will never switch off my phone during the quarantine period. I will attend all phone calls by health department.
- I will never go to any hospital / pharmacies unless said by control room / doctors of primary health center.
- I will restrict myself to a room and avoid contact with elderly people and people with co morbidity inside my house. I will keep one meter distance from all during the quarantine period.
- I will use mask always during my quarantine period. I will cover my mouth while coughing and sneezing with a handkerchief and will wash my hands frequently with soap and water.
- I will instruct my family members to wash their hands frequently.
- I understand that my irresponsible behaviour can put the community at threat. I am aware that if I violate the above instructions I am punishable under DM act Epidemic Disease Act 1897 CRPC Police Act IPC 1860 and TC Public Health Act 1955.

- I have read and understood the above conditions.

NAME:

ADDRESS:

PHONE NO:

LOCAL PHONE NO:

SIGNATURE