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

Date: 05-May-2020

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



GOVERNMENT OF SIKKIM
OFFICE OF THE DISTRICT COLLECTOR, EAST
DISTRICT ADMINISTRATIVE CENTRE, SICHEY
GANGTOK- SIKKIM- 737101

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UNDERTAKING

BY PERSONS ADVISED FACILITY QUARANTINE BY MEDICAL TEAM

1. I have been advised to undergo facility/institutional quarantine by the Medical Team at Rangpo Checkpost and I have opted for free/paid facility quarantine of my own volition.
2. I shall travel only in the designated bus/vehicle to the free/paid facility quarantine centre as directed by the officials at Rangpo Checkpost.
3. I shall maintain social distancing at all times and abide by the guidelines and directions imposed by the Government of Sikkim.
4. I shall make necessary arrangements of bed sheets, blankets and pillows at the free facility quarantine centres on my own. (Only for persons opting to stay in free facility quarantine centres).
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 any other persons.
6. I shall wash hand as often as possible thoroughly with soap and water or with alcohol-based hand sanitizer and avoid sharing items e.g. dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people.
7. I shall maintain the cleanliness and hygiene of my surroundings.
8. I shall strictly avoid going out of the facility quarantine centre and stay in the designated place.
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 develop 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.
13. I agree to pay the In-Charge of the paid facility Rs. 1000/per day excluding taxes for the basic services of fooding and lodging. I shall pay for any other services availed by me during my stay at the paid facility quarantine (Only for paid facility quarantine centres)

Signature _____
Date _____
Contact Number _____



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UNDERTAKING

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 hand 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 _____

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