



The State of Yap
 Department of Health Services
 P.O. Box 148, Colonia, Yap 96943
 Federated States of Micronesia
 Telephone #: 011 (691) 350-2110



QUARANTINE CONSENT FORM

A person returning from another country must quarantine for 10 days at a government identified facility.

THIS FORM IS FOR ADULTS (18+) ONLY; MINORS MUST BE INCLUDED WITH PARENTS OR GUARDIANS ON THE SAME FORM.

NOTE: All requirements are subject to change as required, to effectively respond to the COVID-19 pandemic.

PART 1: TRAVELER INFORMATION

Last Name		First Name	
Passport number		Contact Phone Number	
Email Address			
Country Traveling from:		Flight Number, <u>OR</u> Name of Ship and Seat Number	
Port of Entry of Arrival		Date and Time of Arrival	
Name of Next of Kin		Contact details of Next of Kin	
Name and Phone Number of Private Physician/Doctor			

Provide name(s) of traveler(s) or minor(s) who will be quarantined at the same facility with you

Last Name	First Name	Date of birth	Age
1.			
2.			
3.			
4.			

PART 2: MANDATORY QUARANTINE COMMITMENT

I/we confirm and commit to the following as a person(s) in mandatory quarantine:

1. I/we shall proceed directly from the port of entry to the designated quarantine facility.
2. I/we shall use provided government transportation from port of entry to designated quarantine facility.
3. I/we shall proceed with luggage to designated quarantine facility.
4. I/we shall wear a face mask during the flight, at port of entry and onward to the designated quarantine facility and when engaging with others at the facility.
5. I/we shall maintain social distancing and apply general hygiene measures as advised by the taskforce member/ health worker.
6. Have no close physical contact with any other person unless for medical care and undertake not to leave the facility without a signed discharge letter.
7. I/we will not leave my/our assigned room unless permitted by the health worker.
8. I/we will not invite any visitors into my/our room.
9. Have access to a medical facility should I/we become ill and I am/we are in need of medical assistance.
10. Agree to be available to be monitored and visited by taskforce member/health worker.
11. I/we shall inform the health worker should I/we experience any of the signs and symptoms related to COVID-19.
12. Agree to be subjected to quarantine in a government identified facility and adhere with any quarantine and/or isolation protocols.
13. I am/we are aware that testing positive for COVID-19 at any point during quarantine will result in my transfer to an isolation unit for monitoring and treatment.
14. I am/we are aware that if anyone who arrived in Yap with me tests positive for COVID-19 at any point during quarantine, my number of days will reset back to 0 and will end on day 10.
15. I am/we are responsible for reimbursing the facility for any damages made during my/our stay.
16. I/we will not bring betel nut to Yap and also aware that chewing betel nut during flight and at the port of entry, including during transport from airport to quarantine facility is not allowed at any time.
17. I/we will not drink alcohol, smoke, or do drugs in any quarantine or isolation facility.
18. I am/we are also aware that any violation of the above can lead to legal claims being instituted against me/us for exposing others unduly to the Coronavirus (fine up to \$5,000 or imprisonment or both - Public Law 21-149).
19. I am/we are responsible for my/our own transportation from the government-identified facility after being discharged.

Signature

Date