

**QUARANTINE ORDER**  
**Pandemic \_\_\_\_\_ Influenza**

**DRAFT**

You have been exposed or are reasonably suspected of having been exposed to a person infected with or reasonably suspected of being infected with pandemic \_\_\_\_\_ influenza. Pandemic \_\_\_\_\_ influenza is highly contagious and is spread person to person mostly by coughing or sneezing. If pandemic \_\_\_\_\_ influenza spreads in the community, it will have severe public health consequences. Your possible exposure requires that you be quarantined and requires further public health investigation and monitoring.

I, [name of health director] of [name of agency], pursuant to authority vested in me by North Carolina General Statute (NCGS) 130A-145, issue this QUARANTINE ORDER to [name of person].

You are required to remain at the following location \_\_\_\_\_ for the duration of this QUARANTINE ORDER: \_\_\_\_\_ days after your last potential exposure to pandemic \_\_\_\_\_ influenza.

You are required to:

- Follow these instructions for the duration of this order.
  - During the quarantine period, observe yourself for any of the following symptoms: fever, headache, muscle aches, respiratory difficulties, including sore throat, cough and breathing difficulties.
  - Report any symptoms immediately to the local health department.
  - Comply with other requirements based on individual circumstances of the quarantine location or the disease:
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- Comply with the advisory given to you with this order.

If you fail to comply with this QUARANTINE ORDER, you will be subject to prosecution pursuant to NCGS 130A-25, which provides for imprisonment for up to two (2) years, as well as pretrial detention without bail pursuant to NCGS 15A-534.5.

The staff of this health department is available to provide assistance and counseling to you concerning your situation and compliance with this QUARANTINE ORDER.

The authority of this QUARANTINE ORDER to restrict your freedom of movement expires in 30 days from the date of this order unless extended or modified by a court pursuant to NCGS 130A-145. You may petition the Superior Court for review of the restriction of your freedom of movement contained in this QUARANTINE ORDER pursuant to NCGS 130A-145(d).

\_\_\_\_\_  
Signature of Local Health Director, Date

Issued by: \_\_\_\_\_  
Name, Title, Date

I have received the original copy of this order: \_\_\_\_\_  
Patient Signature Date