

STATE OF VERMONT  
DEPARTMENT OF HEALTH

**Agreement to Voluntarily Comply with Quarantine**

To: \_\_\_\_\_

Date: \_\_\_\_\_

You have been exposed to Ebola virus disease as a result of [how person was exposed]. Ebola virus disease is a severe illness with a death rate of over 50% for those infected. Ebola is communicable by person-to-person contact and it is contagious from the day of onset of fever until after negative laboratory tests have been obtained.

Due to your exposure to the Ebola virus you are hereby voluntarily agreeing to comply with the following quarantine instructions:

- You will not leave this dwelling until [month day, year], which is 21 days following your last exposure to the Ebola virus.
- You will avoid contact with anyone except:
  - Other persons who currently reside in this dwelling.
  - Authorized Vermont Department of Health (VDH) staff and such other persons as authorized by VDH.
- You will remain reachable by telephone at all times and answer and respond fully and truthfully to telephone calls and questions from VDH staff and other persons acting on behalf of VDH.
- You will cooperate with twice daily health assessments, including body temperature monitoring, from VDH staff and such other persons acting on behalf of VDH.
- You will immediately call (802) 863-7240 if you develop any of the symptoms listed in Attachment A.
- If emergency medical treatment is required for conditions other than for treatment of symptoms listed in Attachment A (e.g. chest pain or severe accidental injury), you should call 911 for an ambulance. When seeking such assistance, you will inform the operator of the 911 line that you are under quarantine.

You will receive an official release from quarantine from VDH 21 days after your last exposure to the Ebola virus.

If you do not agree to voluntarily comply with this quarantine request or you voluntarily agree and are subsequently found to be out of compliance with any of the instructions listed above, the Vermont Commissioner of Health can issue an emergency health order for quarantine, pursuant to the authority vested in the office of the Vermont Commissioner of Health by 18 V.S.A. § § 126 , 127, and 1004a. If you fail to comply with that emergency health order you can be subject to civil or criminal penalties that may include fines and/or imprisonment pursuant to 18 V.S.A. § § 130 and 131.

I hereby agree to voluntarily comply with this quarantine request in its entirety.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**ATTACHMENT A - SYMPTOMS OF EBOLA VIRUS DISEASE**

**Symptoms of Ebola Virus Disease include:**

- Fever
- Severe headache
- Muscle pain
- Weakness
- Diarrhea
- Vomiting
- Abdominal (stomach) pain
- Unexplained hemorrhage (bleeding or bruising)

Symptoms may appear anywhere from 2 to 21 days after exposure to the Ebola virus. If you develop any of these symptoms in the 21 days following your last exposure to the Ebola virus you must immediately call the Vermont Department of Health at (802) 863-7240.