



MINISTRY OF HEALTH

CORONAVIRUS QUARANTINE DECLARATION

I _____ of ID/Passport No: _____ having travelled from or through a COVID-19 affected area (specify) and having been advised by Ministry of Health (MOH), commit to undertake quarantine for FOURTEEN (14) DAYS.

Kindly indicate the following:

- a. Country of Departure _____
- b. Countries visited in the last 14 days
 - i.
 - ii.
 - iii.
 - iv.
- c. Stop overs in the last 14 days
 - i.
 - ii.

During the 14 day quarantine period, I shall strictly observe the following:

1. Contain myself in a separate well-ventilated room away from the other members and use a separate bathroom and toilet. (If you must share hygiene and toilet facilities), I shall ensure proper disinfection of these facilities after use using regular household disinfectant or soap and water
2. Not to allow visitors coming into my room
3. Avoid sharing household items such as toothbrush, utensils, clothes, towels and beddings. Wash these items thoroughly after use with a disinfectant solution.
4. Frequently disinfect touched shared surfaces that may be contaminated with body fluids such as door knobs, telephones, toilets, bathrooms and sinks frequently with regular household cleaner or disinfectant
5. I undertake to provide correct information to the Ministry of Health regarding my health status during the 14 day quarantine period
6. Immediately notify the Ministry of Health through the Toll-free number **719** or **0729-47-14-14** or **0732-35-35-35**) when I develop signs and symptoms of acute respiratory illness (Fever or cough or sore throat or difficulty in breathing)

I have read and understood this statement of commitment and fully understand its purpose, intent and effect. I have voluntarily executed this commitment by action of my own free will. I also understand that it is an offence under the Public Health Act to give false information. By signing this form I agree to abide by these instructions and do understand that the Government of Kenya is at liberty to take all necessary actions including putting me under mandatory quarantine in a designated facility and/or instituting legal action.

Signature: _____ Date (YYYYMMDD) _____

Print name: _____

Mobile No: _____ Mobile No. of next of kin: _____

Kindly indicate the quarantine facility you chose stay in upon arrival:
