

Patient Responsibilities Notification for COVID-19 Infection

I, _____ (patient's name), understand I have been diagnosed with 2019 Novel Coronavirus (COVID-19) infection.

I must follow the steps below until Saint Louis County Department of Public Health (DPH) staff say I can return to my normal activities:

- **Stay at home until cleared by DPH.** I cannot go to work, school, or any public areas, and I cannot use public transportation or taxis/ride shares. If I must leave my home or I must have guests into my home, I must have permission from DPH staff.
- **Separate myself from other people in my home.** I should stay in a different room from other people in my home, as much as possible and use a separate bathroom, if available.
- **Call DPH before seeking care at a medical facility.** This will help the medical provider and DPH staff take steps to keep others from getting infected. If I am having a medical emergency that necessitates calling 911, I do not need to call DPH before requesting emergency medical attention. I must inform 911 and emergency medical providers that I have been diagnosed with COVID-19.
- **Wear a facemask.** I will wear a facemask when I am in the same room with other people and when I visit a medical provider. If I cannot wear a facemask, the people I live with should wear one while they are in the room with me.
- **Wash my hands.** I will wash my hands often and thoroughly with soap and water for at least 20 seconds. I can use an alcohol-based hand sanitizer if soap and water are not available and if my hands are not visibly dirty. I should avoid touching my eyes, nose, and mouth.
- **Cover my coughs and sneezes.** I will cover my mouth and nose with a tissue when I cough or sneeze, or I can cough or sneeze into my sleeve. I should throw used tissues in a lined trash can, and immediately wash my hands with soap and water for at least 20 seconds.
- **Avoid sharing household items.** I will not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in my home. After using these items, I should wash them thoroughly with soap and water.
- **Monitor my symptoms.** I will get medical attention right away if my symptoms get worse. I will call my medical provider before going to my appointment and inform them that I have been diagnosed with COVID-19 infection. If I am experiencing a medical emergency that necessitates calling 911, I will inform 911 and emergency medical providers staff that I have COVID-19

infection, if I am able. This will help medical providers take steps to keep themselves and other people from getting infected. I will ask my medical provider to call DPH staff.

If you need to reach DPH staff for any reason, please call [REDACTED].

I understand that my failure to comply with these responsibilities could result in legal action and pose a health risk to others. By my signature below, I certify that my responsibilities for in-home quarantine for COVID-19 infection have been explained to me and I fully understand. The consequences of not meeting my responsibilities have also been explained to me and I fully understand.



[REDACTED]

(Date Signed)

3/20/2020

(Date Signed)

I was present when the above was read to _____

(Witnessed By)

(Date Signed)