

**BARBADOS MINISTRY OF HEALTH AND WELLNESS
QUARANTINE / MONITORING CONSENT FORM**

The Health Services Regulations, 1969
Form to be completed per traveller



Name of Traveller

	Age:	Test Date:
	Age:	Test Date:
	Age:	Test Date:
	Age:	Test Date:

Resident Visitor - Stay: _____ days In-Transit - Stay: _____ hours

Home Address

Contact Number:
Email Address:

Monitoring/Quarantine Address in Barbados

Contact Number:

Under authority of Quarantine Act, CAP. 53, the Ministry of Health and Wellness has reason to believe that you may have been exposed to COVID-19 and that you may pose a risk to the health and safety of others.

Declaration	Yes	No
Have you been in or travelled through a country currently classified as <u>High Risk</u> in the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been in or travelled through a country currently classified as <u>Medium Risk</u> in the last 21 days?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please state countries: _____		

I hereby confirm that the information I have given is accurate. I also understand that, depending on my **Assigned Risk status**, I will either be **monitored** or **quarantined** at an approved location for a period as determined by the last day of possible exposure and the incubation period of the disease. I further understand that I must self-assess twice daily and submit these results to the MHW Surveillance Team.

Signature of Traveller

For Official Use

Assigned Risk

High Risk

Medium Risk

Low Risk

For Chief Medical Officer

Date

Please see additional information on reverse side.

Persons from **Medium Risk** settings are to be monitored. Monitoring means that you assess your temperature and symptoms daily and that contact is made with you at intervals to ensure that you continue to be well. You must provide locally accessible contact information to facilitate monitoring. If you do not have a known local number or your number changes while under monitoring it is your responsibility to contact the Health Staff and submit your new information.

Should we become aware of information that changes your risk you may be asked to be monitored for a further period under appropriate conditions.

If you do not comply with this request for monitoring, as indicated by your assigned health status, you may be quarantined under the Quarantine Act, CAP. 53. You may also be found liable for conviction of any offences stipulated therein.

Persons from **High Risk** settings are quarantined. Quarantine means that you should not come into contact with other people. It protects your health and the health of others. Health Officers are officers authorised to act on behalf of the Chief Medical Officer under the Quarantine Act. Cap 53.

If you are quarantined, you are required to stay at the designated location up to 14 days. The duration of quarantine may be reduced through additional testing. The Public Health Team will be checking on you daily to monitor your temperature and health and will inform you when it is safe for you to return to your normal activities. Should we become aware of information that changes your risk you may be asked to quarantine for a further period under appropriate conditions.

If you do not comply with this request for quarantine at the initially approved location, as indicated by your assigned health status, you shall be placed in a Quarantine Facility as mandated by the Quarantine Act, CAP. 53. You may also be found liable for conviction of any offences stipulated therein.

If you have questions or need help, please call the national monitoring team at 836-3565/66 or the COVID-19 Hotline at 536-4500.

Information about this disease and the steps you should take to protect yourself and others are attached to this form. It is very important that you comply with this monitoring / quarantine to reduce the risk to yourself and others with whom you may have contact. Your health and the health of others depend on it.

Non-compliance with monitoring may result in quarantine under the Quarantine Act, CAP. 53. Non-compliance with self-quarantine shall result in mandatory quarantine at a Quarantine Facility as mandated by the Quarantine Act, CAP. 53.

Your signature also indicates your agreement to immediately call the numbers provided to notify the Health Officer of any possible symptoms that you may develop during this period of quarantine and to consult with the Health Officer in the event that it is necessary to change your address.

Thank you for your cooperation.