



Voluntary Quarantine Order

ARRIVING PERSON- EMERGENCY/HARDSHIP

RESTRICTION OF MOVEMENT (ROM)

Guam Department of Public Health and Social Services (DPHSS) has put in place emergency public health measures to help slow the introduction and spread of COVID-19 in Guam. It is very important for the protection of your own health and that of the others in Guam that you abide by all aspects of this voluntary quarantine order.

Based on your recent travel history you are subject to 14-day quarantine from your date of arrival in Guam. However, a determination has been made to allow you to quarantine at your place of residence, hotel, or rental lodging location under a Restriction of Movement (ROM) **because of your emergency or hardship circumstances prompting your travel to Guam.** By signing a *Voluntary Quarantine Acknowledgement*, Guam DPHSS hereby orders you to comply with the following:

- I agree to proceed directly from the airport to the designated quarantine location.
- I agree to comply with the voluntary quarantine order for 14 days from my date of arrival in Guam.
- I agree to remain in the designated quarantine location under a Restriction of Movement (ROM) which allows me to leave quarantine only to participate in or support activities/events related to my emergency or hardship circumstance or for medical emergencies or to seek medical care. I agree to observe current social/physical distancing practices i.e., wearing facemask and avoiding large crowds.
- I agree that I can get take out food or shop groceries, but I will not leave quarantine to conduct banking transactions, seek personal care or hygiene services (e.g., haircut, massage, manicure/pedicure) or the beach or any public places.
- I agree to not allow any visitors at my designated quarantine location.
- I agree to monitor for symptoms of COVID-19 and report every day:

YOU MUST CALL, TEXT, OR WHAT'SAPP: 685-4577

If no one answers, please you must leave a message and report the following information:

- Full name and Date of Birth (DOB)
- Whether or not you are experiencing any of the following:
 - ✓ Feel feverish or exact temperature if known ($>100.4^{\circ}\text{F}/38^{\circ}\text{C}$)
 - ✓ Cough, runny nose, sore throat
 - ✓ Shortness of breath
 - ✓ Chills
 - ✓ Headache/Muscle aches
 - ✓ Loss of smell or taste

THE KNOWING AND INTENTIONAL FAILURE TO FOLLOW ANY PART OF THIS ORDER CONSTITUTES A MISDEMEANOR PUNISHABLE BY A FINE OF NOT MORE THAN \$1,000 OR IMPRISONMENT OF NOT MORE THAN ONE YEAR OR BOTH (10 GCA, Chapter 19, §19604 (c) Cooperation).