



## Voluntary Quarantine Order

### ARRIVING PERSONS- CURRENT GUAM RESIDENT

Guam Department of Public Health and Social Services (DPHSS) has put in place emergency disease control measures to 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.

1. **ALL** Guam residents having originated from or traveled through international locations deemed to be “hot spots” shall be subject to 14-day quarantine at a GovGuam qualified quarantine facility.
2. **ALL** Guam residents traveling domestically or having originated from or traveled through international NOT deemed a “hot spot” shall be allowed to complete their 14-day quarantine at their personal residence.

**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 which is either the GovGuam quarantine facility, my personal residence or rental lodging.
- I agree to comply with voluntary quarantine order for 14-days from my date of arrival in Guam.
- I agree to remain in my designated quarantine location leaving only for medical emergencies and to seek medical care.
- I can leave quarantine location, **if at my personal residence or rental lodging**, to get take-out food or shop for essential groceries.
- I will not leave quarantine location to conduct banking transactions, seek personal care or hygiene services (e.g., haircut, massage, manicure/pedicure) or go to the beach or visit any public places.
- I agree to not allow any visitors.
- I agree to monitor myself for symptoms of COVID-19 and report everyday:

**YOU MUST CALL, TEXT, OR WHATSAPP: 685-4577**

**If no one answers, 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 ).***