



VOLUNTARY QUARANTINE ORDER



ARRIVING PASSENGERS NON-LOW RISK AREAS WITH ACCEPTABLE COVID-19 TEST

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

Passengers having originated from a **NON-LOW RISK AREA** WITH an acceptable negative COVID-19 test collected within 5 days prior to arrival shall be subject to 14 days self-quarantine at home. You will be required to sign a Voluntary Quarantine Acknowledgement form.

By signing a *Voluntary Quarantine Acknowledgement*, you are agreeing to the following:

- Remain in quarantine at the physical address that you provided for 14 days from the date of arrival.
- Have no visitors at your quarantine location.
- You are permitted to have food/supplies brought to you utilizing contactless delivery.
- You are to remain in quarantine and are not permitted to leave for any reason other than to seek medical care.
- Persons must comply with symptom monitoring and tracking for the duration of the stay up to 14 days, observing social distancing, wearing face coverings and proper hand-washing etiquette.
- Report any signs or symptoms of COVID-19 to DPHSS **Mon-Sat / 8am-5pm at (671) 727-5276 or (671) 727-5312.**

Abbreviated Quarantine: Persons who opt to take a **COVID-19** test on Day 7, or thereafter and receive a **negative** result will have an abbreviated quarantine. The following will then apply:

- You must comply with symptom monitoring and tracking for the remaining of the 14 days.
- You must observe social distancing, wear face coverings and practice proper hand-washing etiquette.
- Report any signs or symptoms of COVID-19 to the number above.
- Persons who do not opt for a post-arrival COVID-19 test will not be eligible for an abbreviated quarantine and must complete the full 14 day quarantine.

Please call the DPHSS Community Health Centers at (671) 635-7400 or (671) 635-4410 to schedule your test at least 2 days in advance. ***This document must be presented at the time of testing.***

Signature of Passenger

Date

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).

07/29/2020