



1109 State St. Bowling Green, KY 42102 (270) 781-8039

**SELF-ISOLATION AND CONTROLLED MOVEMENT AGREEMENT**

I, \_\_\_\_\_, understand that I have been diagnosed with COVID-19 and I acknowledge the authority granted to the Barren River District Health Department (BRDHD) in KRS 211.180, 214.020, 902 KAR 2:030, 902 KAR 2:050, to require me to implement the following control measures, effective immediately and until notified by BRDHD that these measures are lifted, that are reasonable and necessary to prevent the introduction, transmission, and spread of COVID-19 in this state:

1. As long as I do not require hospitalization, I will self-isolate at home, reducing contact with all others as much as is practicable, for the duration of my symptoms and until the BRDHD releases me from self-isolation. I will not leave my house. I will not work, attend school, or go to any public location during this time. I will not travel by any public or commercial transportation.
2. I will stay in a specific “sick room” or area and away from other people or animals, including pets. When possible, I will eat in my room/area and use a separate bathroom. I will clean and disinfect my area, and allow someone else in the home to clean and disinfect surfaces in common areas. By doing this, I will decrease the risk of my household members having continued exposure while I’m infectious, thereby allowing their quarantine timeline to begin. When these measures cannot be met, my household members are at continued risk of exposure, making their quarantine timeline be until I have recovered, and then for an additional 7-14 days.
3. At this time BRDHD is not reaching out to close contacts of cases (contact tracing). My public health responsibility is to inform my close contacts that they have been exposed to someone who has tested positive for COVID-19 while contagious and should quarantine. I am receiving a Quarantine Advisory for Close Contacts in a separate e-mail. The Quarantine Advisory explains who is considered a close contact and what steps that person should take. I will share the Quarantine Advisory with each of my known close contacts.
4. In the event I need a caregiver, I understand it should not be someone who is at higher risk for severe illness from COVID-19: people over age 60 or persons with serious medical conditions such as asthma, diabetes, heart condition, severe obesity, disease of the kidney/lung/liver, sickle cell disease, thalassemia, or are immunocompromised ([cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html)). It is recommended that caregivers follow CDC guidance to limit risk of exposure and protect themselves and others (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>).



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5. If I need to seek medical care, I will call first, and tell them I have COVID-19. This will help the office staff protect themselves and other patients. In the event that my condition requires immediate medical assistance, I will notify the nearest emergency department and inform them of my COVID-19 status before transport to that facility.
6. At day 10 (ten) of my isolation I will provide BRDHD with any symptoms I may have, my current temperature, and disclose if I've taken any fever reducing medication during the past 24 hours. BRDHD shall then re-evaluate this agreement to determine when the isolation period may be lifted.
7. I acknowledge that if I cannot or will not comply with all of the control measures listed in sections 1 through 6, BRDHD may obtain a court order from the resident county circuit court to enforce the terms of this agreement. The resident county circuit court has jurisdiction over this action pursuant to KRS 211.230.

This agreement shall expire 21 days after its issuance. This agreement was presented to

\_\_\_\_\_ on this day \_\_\_\_ of this month \_\_\_\_\_, 2021 (year).

Signature of Public Health designee:

— *Matthew L Hunt*

Printed Name of Public Health or designee: MATTHEW L HUNT, ED.D

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Signature of Isolated Individual \_\_\_\_\_

Date Signed \_\_\_\_\_

Printed Name of Isolated Individual \_\_\_\_\_

SAMPLE DOCUMENT