

Documentation of Service of Mass Isolation Order of the Yolo County Public Health Officer

 (Name of Treating Physician/Testing Facility)

 (Phone Number)

Information about the Individual

 (Name)

Date of Birth:
 ____/____/_____
 (MM/DD/YYYY)

 (Address)

 (Phone Number)

Testing/Diagnosis (Circle all that apply)

1. Date of test: ____/____/_____
 2. Results of test:
 Positive Pending Not tested Negative
 3. Test type:
 Molecular (PCR/NAAT) Antigen Antibody
 3. Lab name: _____

Individual is exhibiting these symptoms:
 None
 Fever Chills Cough Shortness of breath Sore throat
 Headache Fatigue Body/muscle aches Runny nose
 Nasal congestion Nausea or vomiting Diarrhea
 Other: _____

Affirmation

On ____/____/____ (Date; MM/DD/YYYY),
 I served the Patient/Individual named above with a copy of the Mass Isolation Order of the Yolo County Public Health Officer by (circle one):
 In-person delivery
 Electronic mail at _____
 (Email address)
 First class mail at _____
 (If different than above)
 Phone at _____
 (If different than above) and I spoke with the individual who affirmatively identified themselves as the individual named in this Order. I then personally informed the individual that they are required to isolate as set forth in the *Health Officer Order*, a copy of which is available at: <https://www.yolocounty.org/home/showdocument?id=65256>.

The individual was instructed to isolate at (circle one):
 Address of Individual (at address above)
 Alternate location (at address below)

Date: ____/____/____

Name: _____ (Name of Person serving this Order)

Signature: _____ (Signature of Person Service this Order)

Warning:

This form is an official service of isolation order document intended for the use of Healthcare Providers acting in compliance with Mass Isolation Order of the Yolo County Public Health Officer, issued July 24, 2020, amended on October 27, 2020. Completion by members of the general public is not authorized.

When complete, keep a copy in the patient record. Do not send this document to Yolo County Health and Human Services Agency unless requested. For questions, call the Yolo County COVID Provider Line: 530-666-8614.