

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

\_\_\_\_\_  
(Name of Treating Physician/Testing Facility)

\_\_\_\_\_  
(Phone Number)

Information about the Individual (Close Contact)

\_\_\_\_\_  
(Name)

Date of Birth:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone Number)

Affirmation

On \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date; MM/DD/YYYY),

I served the Patient/Individual named above with a copy of the Mass Quarantine 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 quarantine as set forth in the *Health Officer Order*, a copy of which is available at:

<https://www.yolocounty.org/home/showdocument?id=65258>.

The individual was instructed to quarantine 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 Quarantine 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.*