HEALTH LETTER OF COMMITMENT (translation)

PLEASE, PRINT AND SIGN ONLY THE OFFICIAL FRENCH VERSION

I, the undersigned, **M. / Ms** xxx, holder of the National Identity Card ID / Passeport N° xxx, passenger of flight / \underline{xxx} / date / $\underline{xx/xx}$ /, tested **Positive / Negative** to the COVID-19 PCR test during the sampling process,

Commit to:

- Be quarantined **in my hotel** while waiting for the PCR result, starting from today.
- Be monitored at any time by health workers and law enforcement officers
- Not leave **my hotel** during the quarantine period.
- Not receive visits from family or acquaintances.
- Get a thermometer.
- Communicate my temperature every day to the designated persons at 9:00 a.m.
- Inform the health authorities in case of appearance of suspicious symptoms in my health status.
- Respect the barrier gestures by staying in one room and by regularly disinfecting it.
- Obtain hydroalcoholic gels and wear masks to protect other people living under the same roof as me (or hotel staff).
- Follow the instructions and medical prescriptions given to me.

I understand that any failure to keep my commitment may result in legal proceedings.

Personal information:

- Quarantine address: xxx

- Phone number: xxx

Made in Antananarivo, on xxx

To be given to the interested person

- Be quarantined **in my hotel** while waiting for the PCR result, starting from today.
- Be monitored at any time by health workers and law enforcement officers
- Not leave my hotel during the quarantine period.
- Not receive visits from family or acquaintances.
- Get a thermometer.
- Communicate my temperature every day to the designated persons at 9:00 a.m.
- Inform the health authorities in case of appearance of suspicious symptoms in my health status.
- Respect the barrier gestures by staying in one room and by regularly disinfecting it.
- Obtain hydroalcoholic gels and wear masks to protect other people living under the same roof as me (or hotel staff).
- Follow the instructions and medical prescriptions given to me.

Contact : Medical inspector 032 12 567 07 / 034 42 544 66