HEALTH LETTER OF COMMITMENT

I, the undersigned, M. / Ms.	-
Card ID / Passeport N°	, passenger of flight / /
date ///, tested Positive / Negative to	o the COVID-19 PCR test during the
sampling process,	
Commit to :	
 Be quarantined in my hotel while waiting for the PC Be monitored at any time by health workers and law 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 destroy of appearance health status. Respect the barrier gestures by staying in one room Obtain hydroalcoholic gels and wear masks to prote same roof as me (or hotel staff). Follow the instructions and medical prescriptions gill I understand that any failure to keep my commitment man 	signated persons at 9:00 a.m. of suspicious symptoms in my and by regularly disinfecting it. ect other people living under the iven to me.
Personal information:	
- Quarantine address:	
- Phone number:	
	Made in Antananarivo, on
	Signature

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