

ACKNOWLEDGMENT AND COMMITMENT TO COMPLY WITH THE HOME QUARANTINE PROCEDURES

I undertake / Name: QID: Nationality
..... The home quarantine begins from the Date:
Time: to the Date: Time:.....

To comply with the orders and regulations issued by the Ministry of Public Health from the duration of the home quarantine above. In accordance with the procedures followed by the competent authorities, in accordance with Decree-Law No. 17 of 1990 on the prevention of infectious diseases. Pledges:-

1. I pledge to stay at home and commit to allocating a room and a private bathroom separate from others. I pledge not to mix with the rest of the family, receive guests or go to any social gatherings or public places at all for the duration of the quarantine and for any reason.
2. I also undertake to eat separately, and clean my dishes and bathroom toiletries equipment separately.
3. I pledge to adhere to hand hygiene and wear surgical masks when communicating others.
4. I acknowledge that I agree to receive phone calls and sudden visits by health authorities to reveal symptoms and the extent to which they adhere to the criteria for home quarantine, and I pledge to allow medical personnel to visit me at home to conduct a medical examination and measure vital signs.
5. I also pledge to report immediately when symptoms of fever, coughing or shortness of breath are felt within the next two weeks for the Department of Health Protection and Communicable Disease Control at the Ministry of Public Health on the hotline number: 16000.

And to reduce the spread of transitional diseases in the State of Qatar and to provide the public interest to protect society from diseases and epidemics, especially as I come from a country where cases of emerging Corona disease have reported.

Important note: I am aware that these procedures are applicable in order to protect me and others, and that if I do not adhere to these procedures according to the articles of the aforementioned law, I will present myself to penalties and legal accountability, and this is my acknowledgment of the obligation, and I acknowledge that the information I have provided is correct.

This is an acknowledgment from me...

Name:.....

Landline phone number: Mobile phone number

My address data: Area number Street number Building number.

Signature:..... Date:.....

Name of the responsible employee Signature: