**(NAME OF HEALTH DEPARTMENT)**

 **DEPARTMENT ORDER**

**WHEREAS,** the Administrator of the (NAME OF HEALTH DEPARTMENT), as the Local Health Authority, has the power under 19 CSR 20-20.040 to order quarantine of individuals who have tested positive for a disease which is infectious, contagious, communicable, or is dangerous in its nature as included in 19 CSR 20-20.020;

**NOW, THEREFORE,** I, (ADMINISTRATOR NAME), (TITLE), (NAME OF COUNTY/CITY), Missouri, under the authority conferred to me by Missouri Code of State Regulations 19 CSR 20-20.040, do hereby **ORDER** and **DECLARE** the following:

1. That ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who tested positive for COVID-19 on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020, be quarantined at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Missouri until s/he is released from isolation by the (NAME OF COUNTY/CITY) Health Department or the Missouri Department of Health and Senior Services or unless s/he is seeking essential medical care outside the home. Any medical care should be pre-coordinated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s medical provider unless a life-threatening emergency exists. If emergency services is contacted for care or for any other reason, it is incumbent upon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or her/his family to notify the emergency dispatcher immediately that s/he is a confirmed positive COVID-19 case, until s/he tests negative.

2. Violation of a quarantine order is a class A misdemeanor under Section 192.320, RSMo.

1. This order shall be effective immediately upon my execution hereof and it shall expire only upon further order.

**SO ORDERED** this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 2020.

(NAME OF COUNTY), MISSOURI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NAME)

Administrator

(NAME OF LOCAL HEALTH DEPARTMENT)

(NAME OF COUNTY/CITY) Public Health Authority/Officer

Served:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_