

Department of Health Services , Kerala

Quarantine Certificate

I, Dr..... hereby certify that Sri/ Smt/ Ms.residing at --
----- and holding passport no -----has been on home
quarantine against 2019-nCorona from.....2020 till ----- 2020 under The
Public Health Act rules and regulations /guidelines of the Department of Health and Family
Welfare, which are in force in the State of Kerala for the prevention and containment of 2019-
nCorona virus infection, as, he/she ----

- a)had arrived from an affected country as notified by Government/
 - b)was a close contact of a confirmed case of 2019-nCorona virus infection/
 - c) was a close contact of a suspect case of 2019-nCorona virus infection.
- (clearly strike out clause which is not applicable)

Date

Office Seal

Name Designation
and signature of Medical Officer

Department of Health Services , Kerala

2019-nCorona Quarantine Release Certificate

I Dr after verification of the certificate and examination of the person who has affixed signature below,, certify that Sri/ Smt/ Ms.residing at -----
----- and holding passport no -----had been placed on home quarantine against 2019-nCorona from.....2020 till ----- 2020 under The Public Health Act rules and regulations /guidelines of the Department of Health and Family Welfare, which are in force in the State of Kerala for the prevention and containment of 2019-nCorona virus infection, is now declared as released from home quarantine and fit to resume duties/work/school

Date

Office Seal

Name Designation
and signature of Medical Officer

.....

Signature of the Person who was placed

under Quarantine/Home isolation

Department of Health Services, Kerala

2019-nCorona Quarantine Certificate

Request letter

I, Mr/Mrs/Ms/Sri/Smt,..... AgeSex..... (M/F/TG)
residing at ----- and holding passport no -----
--have arrived in India on..... and arrived in Kerala on
....., , after having started my present journey from
.....(country of starting original journey). I have not had any
contact with any confirmed nCorona patient, or suspect patient in any
circumstances during the period between my arrival in India and arrival in
Kerala. I have been placed on strict home isolation/ hospital isolation or
quarantine against 2019-nCorona from.....2020 till ----- 2020 ,
at(residence address) under The
Public Health Act /rules and regulations or guidelines of the Department of
Health and Family Welfare, Kerala State, . During this period I have strictly
observed all the rules recommendations and guidance in this matter which was
given to me by the officials/Medical staff of the Department of Health and Family
Welfare, Kerala State, at all times

.....

Signature of the Person who was placed

under Quarantine/Home isolation

Dated
