

BEFORE THE IOWA DEPARTMENT OF PUBLIC HEALTH

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DIRECTED TO:                    )     [insert case #]  
  )  
[insert full name and            )  
address of subject of order])     **QUARANTINE ORDER**

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The Iowa Department of Public Health (Department) has determined that you have had contact with [insert name of quarantinable disease (qd)]. [insert qd] is a disease which is spread from person to person and is associated with [insert symptoms of qd -- fever, cough, respiratory illness, etc.]. If [insert qd] spreads in the community it will have severe public health consequences.

The Department has determined that it is necessary to quarantine your movement to a specific facility to prevent further spread of this disease. The Department has determined that quarantine in your home and other less restrictive alternatives are not acceptable because [insert the reason home quarantine is not acceptable B the person violated a previously issued home quarantine order, the person does not have an appropriate home setting conducive to home quarantine, etc.] The Department is therefore ordering you to comply with the following provisions during the entire period of quarantine:

1. **Terms of confinement.** You are ordered to remain at the quarantine facility, \_\_\_\_\_[insert name and address of facility], from \_\_\_\_\_ to \_\_\_\_\_[insert dates of quarantine].
2. **Requirements during confinement.** During the period of quarantine:
  1. You must not leave the quarantine facility at any time unless you have received prior written authorization from the Department to do so.
  2. You must not come into contact with anyone except the following persons:
    - (1) other persons who are also under similar quarantine order at the quarantine facility;
    - (ii) authorized healthcare providers and other staff at the quarantine facility;
    - (iii) authorized Department staff or other persons acting on behalf of the Department; and
    - (iv) such other persons as authorized by the Department.
  3. Your daily needs, including food, shelter, and medical care, will be provided for you during the period of quarantine at the quarantine facility. You should bring clothing, toiletries, and other personal items with you to the quarantine facility. You will have limited access to a telephone at the quarantine facility. You may bring your cell phone

with you should you desire to have greater access to a means of communication.

4. You should inform your employer that you are under quarantine order and are not authorized to come to the work place. You should be aware that Iowa law prohibits an employer from firing, demoting, or otherwise discriminating against an employee due to the compliance of an employee with a quarantine order issued by the Department. [hope to be able to add this section].

3. **Information about [qd].** You should review the information contained at Attachment A for information about [qd]. You should refer to information provided at the quarantine facility to address specific concerns and questions you have about [qd]. In order to find out more information about [qd] and its symptoms and spread, you may also access the Department's web-page at [www.idph.state.ia.us](http://www.idph.state.ia.us). If you do not have access to the internet from the quarantine facility, you may contact the Department at 1-800-362-2736.

4. **Legal authority.** This order is issued pursuant to the legal authority contained at Iowa Code chapter 139A, [include Iowa Code chapter 135 if a public health disaster exists], and 641 Iowa Administrative Code chapter 1, a copy of which is labeled Attachment B and is attached to this order for your review. The Department shall comply with the principles for quarantine contained in subrule 1.9(3) of this attachment when issuing and implementing this order.

5. **Ensuring compliance.** In order to ensure that you strictly comply with this Quarantine Order the Department or persons authorized by the Department may regularly inspect the quarantine facility.

6. **Violations of order.** If you fail to comply with this Quarantine Order you may be ordered to be quarantined in a more restrictive facility. In addition, failure to comply with this order is a simple misdemeanor for which you may be arrested, fined, and imprisoned.

7. **Your rights B appeal rights.** While under quarantine you have the rights as described in subrule 1.9(8) of Attachment B. In addition, you have the right to appeal this order pursuant to subrule 1.9(7) of Attachment B.

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DIRECTOR or MEDICAL DIRECTOR  
IOWA DEPARTMENT OF PUBLIC HEALTH  
Lucas State Office Building  
Des Moines, IA 50319

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DATE

Attachments to this Order:

Attachment A -- Facts About [qd]

Attachment B B 641 Iowa Administrative Code chapter 1