

Annexure - I: UNDERTAKING for Home Isolation by COVID Positive Patient

To,
The Deputy Commissioner,
..... District.

I..... Age..... S/D/W of resident of on being diagnosed as a Covid 19 positive patient, do hereby voluntarily undertake to maintain strict Home- Isolation at all times for the prescribed period.

I hereby declare that I am asymptomatic, and prima facie found in good clinical condition by a medical practitioner, and have/do not have any serious co-morbid conditions including kidney diseases, heart disease, stroke, Tuberculosis, Cancer, HIV, Immune-compromised conditions etc.

I, fully understand the risks of remaining in home isolation outside a hospital and will not hold the Government of Assam responsible in any way in case of any complications that may arise due to my home isolation.

During the period, I shall monitor my health and comply with all conditions laid down in the Government notification no.....datedJanuary, 2022.

I shall cooperate with the Health & Family Welfare Department at all times, as required, and readily comply with any advice given by the Department .

I am liable to be acted on under the prescribed law for any non-adherence /violation to home isolation protocol/ instructions.

Signature of the patient in Home Isolation	Signature of the Responsible Person/ Caregiver (household member) Relationship to the patient
Name	Name
Age/sex	Age/sex
Date	Date
Contact Number	Contact Number