



Government of Nepal
Ministry of Health and Population
National Health Emergency Operation Center (NHEOC)

Filled at: Immigration Office TIA/.....Hospital

Form 1: SELF-QUARANTINE AGREEMENT FORM

(Form for self-quarantine of person who has travelled in any of the listed countries* with ongoing transmission of Coronavirus Disease 2019 (COVID-19) in the past 14 days or who has been in contact with a person confirmed with COVID-19. This information will be kept confidential and will only be used for monitoring of health status of the person.)

I, Mr/Ms/Mrs, citizen of, Passport No./Citizenship no., am fully aware that I will have to undergo self-quarantine requirements as determined by the Government of Nepal, Ministry of Health and Population. I, hereby declare and agree to comply with the following rules to stay in self-quarantine for minimum of 14 days.

1. Contact information:

Contact: Landline Mobile No:
Email Address: Skype:

2. Respondent travel history:

(Only to be filled by persons who have travelled from COVID-19 affected countries.)

Date of Arrival to Nepal	Name of the airlines	Flight No.	Seat No.
DD/MM			
Please list the countries you have visited in the last 14 days. (Including your transits)			
1.		3.	
2.		4.	

3. Accommodation:

Please indicate your accommodation (Where you will be staying?)

☐ Hotel (Specify name)

☐ Personal Home

☐ Other places..... (Specify)

Provide the details of your accommodation (For any of the above selection):

Address: District Municipality.....Ward no. House No.....

Contact Phone: Landline Mobile No:

I will be staying in a single room, or sharing room with:

1. Name Mob. No.

2. Name Mob. No.

Local contact persons

1. Name Mob. No.

Relationship with the Contact Persons:.....

2. Name Mob. No.

Relationship with the Contact Person:.....

*The COVID-19 affected countries will be as decided by GoN, MoHP.

Working details:

Provide the details of working place while at Nepal (If applicable):

Supervisor Name		E-mail	
Office		Phone	
Office Address		District	

4. Rules for self-quarantine

1. I will stay in a well-ventilated single room, and if that is not possible, maintain a distance of at least 1 m from the other person sleeping in a separate bed.
2. I will use a separate bathroom if available. If not, I will clean and disinfect bathroom and toilet surfaces after use.
3. I will clean my room myself.
4. I will limit movement in the house and the shared spaces. I will ensure that shared spaces (e.g., kitchen, bathroom) are well ventilated (e.g., keep windows open).
5. I will restrict activities outside my home or residence except for getting medical care. I will not go to work, school, college or public areas and will not use public transportation.
6. I will frequently wash my hands with soap and water thoroughly for 20 seconds, or use alcohol-based hand sanitizer. I will avoid touching my eyes, nose and mouth with unwashed hands.
7. I will avoid sharing household items such as dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in the home. After using these items, I will wash them / get them washed thoroughly with soap and water.
8. I will do my best to minimize the number of direct interactions with other persons.
9. If I have to interact with other people, I will maintain a distance of at least 1 meter (3 ft.) and I will also wear a face mask while I am in the same room with other person and when I have to visit a healthcare provider.
10. I will cover my mouth and nose with a tissue or handkerchief when I cough or sneeze, or I will cough or sneeze into my sleeves.
11. I will throw used tissues, masks and other generated from my room in a separate waste bin, or wash handkerchief with soap and water and dry it well in the sun, and I will immediately wash hands with soap and water for at least 20 seconds.
12. I will follow the instructions provided by Ministry of Health and Population Authorities of Nepal and extend all needful co-operations.
13. I will monitor and record my temperature once a day as per the self-monitoring form and provide my daily health status update as instructed for 14 days.
14. I will follow the instructions provided by the authorities of the Ministry of Health and Population of Nepal Government in case of any medical problem and other issues.
15. I will not travel outside the quarantine location without prior permission from the authorities of MoHP.

I hereby declare that the above details are fully correct, and will be responsible for any consequences that may arise because of incorrect or incomplete information.

Signature:

Name:

Date:

Please contact to the following address if needed,

Health Emergency Operation Centre

Phone: 01-4250845,

Fax: 01-4250842,

E-mail: heocmohp@gmail.com,

Web: heoc.mohp.gov.np, fb: fb.com/HEOC

Epidemiology and Disease Control Division

Phone: 01-4255796,

Fax: 01-4100266,

E-mail: ewarsedcd@gmail.com,

Web: edcd.gov.np, fb: fb.com/edcdnepal

COVID-19 HotlineGet your queries answered from
8 AM to 8 PMCall: 9851255839,
9851255837, 9851255834

**FORM 2: DAILY TEMPERATURE MONITORING LOG WHILE IN SELF-QUARANTINE
(ONLY TO BE KEPT AND SEND BY THE PERSON IN SELF-QUARANTINE)**

If provided by Hospital; contact details: Hospital Name: _____ Contact _____

DATE	DAY COUNT	TEMPERATURE (IN ° FAHRENHEIT)	VERIFIED BY	SIGNATURE
	DAY 1			
	DAY 2			
	DAY 3			
	DAY 4			
	DAY 5			
	DAY 6			
	DAY 7			
	DAY 8			
	DAY 9			
	DAY 10			
	DAY 11			
	DAY 12			
	DAY 13			
	DAY 14			

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Epidemiology and Disease Control Division

Phone: 01-4255796,
Fax: 01-4100266,
E-mail: ewarsedcd@gmail.com,
Web: edcd.gov.np, [fb: fb.com/edcdnepal](https://fb.com/edcdnepal)

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