**UNDERTAKING**

**HOME ISOLATION**

My Name is shri/smt/Ms…………………………………………………

I am residing at………………………………………………………………

I have been diagnosed as a confirmed / suspected case of COVID19 on / /2020.

I hereby voluntarily undertake to maintain strict self isolation at all times for prescribed period. During this period I shall monitor my health and those around me and interact with assigned surveillance team / with the call centre, in case I suffer from deteriorating symptoms or any of my close family contacts develop any symptoms consistent with COVID19.

I have been explained in detail about the precautions that I need to follow while I am under self isolation.

I am liable to be acted on under the prescribed law for any non adherence to self isolation protocol.

Sign:

Date: / /2020

Mobile / Tel No.

To,

Medical officer of Health,

Ulhasnagar Municipal Corporation,

Ulhasnagar.