

Documentation of Service of the Health Officer Order No. C19-06-I:

Information about the Healthcare Provider/Testing Facility

(Name of Treating Physician/Testing Facility)

(Phone Number)

Information about the Individual

(Name of Individual)

Date of Birth:
____/____/____
(MM/DD/YYYY)

(Address of Individual)

(Phone Number)

Testing/Diagnosis

If Individual was tested,

1. When: ____/____/____ (Date)
(MM/DD/YYYY)

2. Results of test:

- No Test
- Positive
- Pending
- Negative

3. Lab sent to: _____

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Individual is exhibiting these symptoms:

- None or N/A
- Sore throat
- Coughing
- Shortness of breath
- Runny nose
- Fever
- Chills
- Sneezing
- Coughing
- Gastro-intestinal symptoms
- _____

(Other symptoms)

Affirmation

On ____/____/____ (Date; MM/DD/YYYY)

I served the Patient/Individual named above with a copy of this Order by:

- In-person.
- Electronic mail at _____
(Email address)
- First class mail at _____
(If different than above)
- Phone at _____ (If different than above) and I spoke with the individual who affirmatively identified themselves as the individual named in this Order. I then personally informed the individual that they are required to isolate as set forth in the *Health Officer Order No. C19-06-I*, a copy of which is available at: <https://socoemergency.org/>.

The individual is ordered to isolate at (check one):

- Address of Individual (at address above)
- Alternate Residence (at address below)
- Location identified by the County (at address below)

(Place of Isolation/Address).

Date: ____ / ____ / ____
(MM/DD/YYYY)

Name: _____
(Name of Person serving this Order)

Warning:

This form is an official service of isolation order document intended for the use of Healthcare Providers acting in compliance with Sonoma County Public Health Officer Order 19-6-I. Submission by members of the general public is not authorized.

When complete, either attach this form to an email and send to phnurse@sonoma-county.org or fax the completed form to (707) 565-4565.