

Documentation of Service of the Health Officer Order No. C19-12-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

If Individual was tested,

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

1. Results of test:

- Positive
- Pending
- Negative

2. Lab sent to: _____

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. C19-12-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)

At the County's Alternate Care Site at Sonoma State University

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 or County personnel acting in compliance with Sonoma County Public Health Officer Order 19-12-I. Submission by members of the general public is not authorized.

For treating providers, 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.