

**Annex No. 1 to Item II, 1 of Order No. RD-01-~~183~~ of
06-04-2020**

REGIONAL HEALTH INSPECTORATE -

Outgoing №/.....(date, month, year)

**GUIDE/RULE/ INSTRUCTION/PRECEPT
FOR PLACEMENT INTO A QUARANTINE**

The undersigned

the three names of the State Health Inspector

in the capacity of /appointed as

Directorate/Unit

By virtue of Order №...../..... of the Minister of Health, in conjunction with Art. 63 of the Health Act and Art. 29 of Ordinance No. 21 of 2005 on the procedures for registration, communication and reporting of the communicable diseases

I GUIDE/RULE/INSTRUCT:

1. To be placed in quarantine of:

three names of the person

with Personal ID Number/Personal Number of Foreigner

description of the reason for quarantining

The person to be placed in quarantine at the following address: _____

Starting date and mandatory 14-day period for which the person is quarantined:

2. The person mentioned under item 1 to keep a distance of at least 1 m. from the people he or she is living with, incl. stay/sleeping in separate rooms if possible, regular ventilation, eating at different times, regular cleaning of handles and common surfaces, using separate towels in the bathroom, washing hands before eating, after using the toilet, etc.

3. In the event of influenza-like symptoms (high temperature, coughing, difficulty breathing, fever, etc.), the person mentioned under item 1 to contact immediately his/her general practitioner and / or regional health inspectorate – _____ by calling on the following Tel. No. _____.

4. In the event of violation of this **guide/rule/instruction** the person mentioned under item 1 will be subject to criminal liability by virtue of Article 355 of the Criminal Code - by imprisonment of up to three years and payment of fine of one thousand to ten thousand BGN. In a situation of outbreak, pandemic or state of emergency, which is related to deaths, the person mentioned under item 1 will be subject to criminal liability by imprisonment of up to five years and payment of fine of ten to fifty thousand BGN.

State Health Inspector: _____

Signature

SERVICE OF THE GUIDE/RULE/INSTRUCTION

Date _____

day, month, year, hour

Travel time to the place of quarantine _____

Handing: _____ Received: _____

signature

signature

Forenames and Surname

Forenames and Surname

I am well aware that I am subject to criminal liability by virtue of Article 355 of the Criminal Code for not having followed this **guide/rule/instruction**.

Declarant

(signature)