



HAMILTON COUNTY, TENNESSEE  
HAMILTON COUNTY HEALTH DEPARTMENT

Date  
Name  
Address

**LETTER REQUIRING RESTRICTED MOVEMENT- ISOLATION**

Dear ,

This letter is being sent to you because you have recently tested positive for the COVID-19 virus or you have developed symptoms after being in contact with someone positive for COVID 19. Due to this diagnosis, it is now **REQUIRED** that you restrict your movements, **AND COMPLY** with public health monitoring. Based on our records, your symptoms began (or your positive specimen was collected) on **mm/dd/yyyy**. **You may resume normal activities after the completion of your 10-day isolation period, on mm/dd/yyyy+11** if you have been without a fever for at least 24 hours and are experiencing an improvement in your symptoms.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1 Symptom Onset (Day 0)	2 Day 1	3	4	5
6	7	8 <b>10-day isolation period</b>	9	10	11 Day 10	12 Resume normal activities (if fever-free and symptoms have improved)
13	14	15	16	17	18	19

Sample isolation period calendar

Restricted movement includes **NOT GOING TO ANY** areas such as:

Work	Public transportation (bus, subway, taxi, ride share)
Schools/daycares	Church
Shopping centers/Malls	Theaters/performances
Movie theaters	Any other place where crowds gather
Stadiums	Gatherings at your home

If you need to seek medical care for reasons, such as dialysis, chemotherapy, or other necessary medical care, call ahead to your doctor and tell them about your situation.

**The Hamilton County Health Department does not recommend repeat testing for at least 3 months. There is evidence the virus can be detected for a long period of time after your infectious period. A negative result is not required to return to work after your isolation period ends.**

These steps are instituted in the interest of the public health and in alignment with guidance developed by the Tennessee Department of Health in consultation with the Centers for Disease Control and Prevention (<https://www.tn.gov/health/cedep/ncov.html>). Be advised that failure to abide by these requirements may result in additional actions by public health authorities, pursuant to Tennessee Code Annotated [§ 68-1-104, § 68-1-201, § 68-2-609 and § 68-5-104, Tenn. Comp. R. & Regs. 1200-14-4 *et seq.* and all other applicable laws and rules].

If you have any questions about these requirements at any time, please call 423-209-8383.

Sincerely,

Paul M. Hendricks, MD  
Hamilton County  
Health Officer