



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNITY & PUBLIC HEALTH

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Donald L. Shumway
 Commissioner

Kathleen A. Dunn
 Director

ORDER OF QUARANTINE

To: _____ Address: _____

The Department of Health and Human Services (“the Department”) has reason to suspect that you have come in contact with a person who has a contagious disease and, hence, that you may have or develop this disease. Specifically, you are suspected of having come into contact with a person who has _____. If you were to have this disease you would pose a substantial threat to the health of the citizenry. In order to prevent transmission of this contagious disease, the Department orders that you be placed in quarantine in accordance with RSA 141-C:11. The location where you are to be quarantined is _____. _____ . The Department considers this the least restrictive clinically appropriate place of quarantine given the nature of the disease with which you may have come into contact.

During this period you may be required to undergo a medical exam and bodily specimens may be required for analysis.

This order will be in effect until you are deemed non-contagious by the Department and therefore do not pose a substantial threat to the health of the public. It is anticipated that you will need to be quarantined for at least _____ to verify whether or not you have a contagious disease.

If you leave the place of quarantine designated above without the prior consent of the Department, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and returned to the place of quarantine.

If you object to this order of quarantine you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or other person responsible for maintaining you in quarantine will promptly deliver the form to the Superior Court. The court will then schedule a hearing.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4469.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

 Signature of Commissioner’s Designee

 Date