**MINISTRY OF HEALTH**

**NATIONAL COORDINATION CENTRE FOR QUARANTINE AND ISOLATION FACILITIES**

**REQUEST FOR SELF-QUARANTINE AT HOME**

Criteria for self-quarantine:

* **COVID-19 negative** (test done within the last 7 days before arrival)
* Age (below 5 years, and 60 years and above)
* Medical condition including mental illness (for which you are on treatment or recovering from)
* Disability
* Pregnancy

\* Please fill in a separate form for each person or caregiver and provide all the details

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| **Full name** |  |
| **Age** |  |
| **Sex** |  |
| **Passport number** |  |
| **Telephone no.** |  |
| **COVID-19 test date and result**(Attach copy of result/certificate) |  |
| **Reason for request:**(As per the above criteria or caregiver of such)(Please attach a letter/report from doctor detailing the medical condition and any treatment received) |  |
| **Country that you are travelling from** |  |
| **Airline and flight number** |  |
| **Expected date and time of arrival in Kenya** |  |
| **Physical address of house that you intend to use for the 14 days self-quarantine**(e.g. farm in Kisiriri town, near ACK church, along Narok-Nakuru road, Narok County) |  |
| **Description of house that you intend to use for the 14 days self-quarantine**(How many bedrooms? Are they self-contained? Are there other people living in same house?) |  |
| **Name, telephone no. and hospital/clinic of your doctor here in Kenya** (who will follow you up during the 14-day quarantine period) |  |
| **Name, national ID number and telephone number of the driver who will pick you up, and the registration number of the vehicle** |  |

Please forward the filled form and attachments to quarantine@kmpdc.go.ke prior to your departure (Subject: Request for self-quarantine)