

**Department of Health Services  
Rajasthan**

**Quarantine Certificate**

I, Dr.....hereby certify that Sri/Smt/Mr.  
.....residing at.....has been on home  
quarantine against 2019-nCorona from.....2020  
till.....2020 under The Public Health Act rules and  
regulations/guidelines of the Department of Health and Family Welfare, which are in  
force in the State of Rajasthan for the prevention and containment of 2019- nCorona  
virus infection, as, he/she—

- a) had arrived from an affected country as notified by Government/
- b) was a close contact of a confirmed case of 2019-nCoronavirus infection/
- c) was a close contact of a suspect case of 2019-nCoronavirus  
infection. (clearly strike out clause which is not applicable)

Date

Office Seal

Name

Designation and signature  
of Medical Officer



**Department of Health Service,Rajasthan**

**2019-nCorona Quarantine Release Certificate**

I Dr.....after verification of the certificate and examination of the person who has affixed signature below, certify that Sri/Smt/Ms.....residing at.....had been placed on home quarantine against 2019-nCorona from.....2020 till.....2020 under The Public Health Act rules and regulations/guidelines of the Department of Health and Family Welfare, which are in force in the State of Rajasthan for the prevention and containment of 2019-nCorona virus infection, is now declared as released from home quarantine and fit to resumeduties/work/school.

Date

Office Seal

Name Designation and  
signature of Medical Officer

.....  
Signature of the Person who was

placed under

Quarantine/Homeisolation