

**Directorate of Health & Family Welfare
Government of Punjab
Parivar Kalyan Bhawan, Sector-34A, Chandigarh**

No.COVID-19/NHM/PB/2020/3842-85

Dated, 04/09/2020

To,

1. All the Deputy Commissioners of Punjab.
2. All the Civil Surgeons of Punjab.

Sub: Regarding setting up of walk-in Testing Corners for COVID-19.

Regarding above mentioned subject, it is stated that:

1. Walk-in testing corners to be set-up in each District Hospitals and Sub-Divisional Hospitals in addition to flu corners. Any person who walks in and want to get tested may be sampled at these walk-in testing corners. Person should be offered the opportunity to opt for Home Isolation in case s/he turns out to be positive for COVID-19.
2. Person will submit a consent form for Home Isolation stating that s/he has facility for Home Isolation at her/his residence and is asymptomatic /mild symptomatic and does not have any co morbidity or the co morbid condition is under control. (Annexure "A"). Health staff at walk-in testing corners will assist in filling these undertakings and keep the filled and signed copies safe for record.
3. In case the person turns out to be positive for COVID-19, s/he need not come to the hospital and the District COVID Positive Tracking Teams will contact her/him over phone and check his health status. Patient would be monitored by COVID Positive Tracking Team during the period of isolation and immediately shift the patients to appropriate isolation facility if her/his condition worsens. COVID Positive Tracking Team shall visit the patient to monitor the health status of patients.
4. Patients shall strictly follow the home isolation protocol.



Director Health Services, Punjab

Endst. No.COVID-19/NHM/PB/2020/3886-89

Dated: 04/09/2020.

Copy forwarded to:-

1. Principal Secretary Health and Family Welfare, Punjab.
2. Mission Director NHM, Punjab.
3. MD PHSC, Punjab.
4. Special Secretary Health and Family Welfare, Punjab.


Director Health Services, Punjab

Annexure A: Consent for home-isolation

1. I S/D/W of, resident of(complete address) contact number: diagnosed/if diagnosed as a confirmed case of COVID-19, do hereby voluntarily undertake to maintain strict self-isolation at all times for the prescribed period. During this period I shall monitor my health and those around me and interact with the assigned surveillance team/with the call centre (104), in case I suffer from any deteriorating symptoms or any of my close family contacts develops any symptoms consistent with COVID-19.

2. That presently I am asymptomatic/mildly symptomatic

3. I don't have any co morbid conditions/have co morbidity-Hypertension/Diabetes/Kidney disease/lung disease/heart disease/any other and the co morbid condition is under control

4. I have facilities for home isolation as per the guidelines and the same can be verified by the officials for confirmation.

5. I have been explained in detail about the precautions that I need to follow while I am under self- isolation.

6. I have active COVA app (https://play.google.com/store/apps/details?id=in.gov.punjab.cova&hl=en_IN) on my phone and I assure that it will remain active throughout the period of isolation (through Bluetooth and WiFi).

5. I am liable to be acted on under section 188 of IPC as per provision of "The Epidemic Diseases Act 1897" for any non-adherence to self-isolation protocol.

Signature:

Date:

Place: