



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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COMMUNICABLE DISEASE CONTROL ORDER

To: []

The Texas Department of State Health Services and the Local Health Authority for Dallas County, Texas have reasonable cause to believe that you have been exposed to a communicable disease: Ebola.

Under the authority of Texas Health and Safety Code § 81.083 you are hereby **ordered** to implement the following control measures effective immediately, that are reasonable and necessary to prevent the introduction, transmission, and spread of this disease in this state:

- Remain at [].
You will not be permitted to leave [] without the prior approval of the Department of State Health Services or Dallas County Health and Human Services.
- You are not to allow or otherwise permit any visitors at [] without the prior approval of the Department of State Health Services or the Dallas County Health and Human Services.
- Monitor yourself for symptoms such as a fever above 100.5 degrees Fahrenheit, headache, nausea, diarrhea or abdominal pain and report any of these symptoms immediately to the Dallas County Health and Human Services at (214) 819-2004 between 8:00 a.m. and 4:30 p.m. and after 4:30 p.m. at (877) 605-2660.
- Make yourself available to representatives of the Department, U. S. Centers for Disease Control and Prevention, and/or Dallas County Health and Human Services for diagnostic testing, providing them with blood and other samples or any other measures, monitoring or tests required by any of the entities above, to prevent the spread of a communicable disease, on request by any of the entities listed above.

If you do not comply with these control measures you may be subject to criminal prosecution under Texas Health and Safety Code §81.087, or civil court proceedings under Texas Health and Safety Code Chapter 81, Subchapter G, entitled "Court Orders for Management of Persons with Communicable Diseases."

This Order will remain in effect until you are notified in writing that (1) the incubation period has passed and you are no longer suspected of having the above-stated communicable disease; or

(2) you are otherwise notified by the Department of State Health Services. *See* Texas Health & Safety Code § 81.083(d).

ISSUED PURSUANT TO OUR AUTHORITY AS COMMISSIONER OF THE DEPARTMENT OF STATE HEALTH SERVICES OF THE STATE OF TEXAS and LOCAL HEALTH AUTHORITY FOR DALLAS COUNTY, TEXAS
this _____ day of October, 2014.

David L. Lakey, M.D.
Commissioner
Department of State Health Services

Christopher Perkins, D.O., M.P.H.
Local Health Authority
Dallas County, Texas

Certificate of Service

I, _____ hereby certify that the foregoing Control Order was served on October ____, 2014, by Hand Delivery to the following:

[]

Signature

Acknowledgement of Receipt

I, [], hereby acknowledge receipt of this Control Order on October ____, 2014:

Signature of []