

INDEPENDENT STATE OF PAPUA NEW GUINEA OFFICE OF THE CONTROLLER

Home Quarantine: Request for Extraordinary Exemption / Risk Assessment

1. PERSONAL INFORMATION

Name: _____ Phone No(s) _____ Email(s): _____
 Address of proposed quarantine location: _____

2. QUARANTINE ARRANGEMENT DETAILS

List all countries visited in the past 30 days? _____

What is your justification for exemption? Legal Issues Health Issues National Security Issues

Detailed explanation of why a hotel-based quarantine is not feasible

If you have health issues, do you have enough medication to undergo self-isolation without seeing health professionals?

Yes
 No ---- Explain: _____

Type of residence: Apartment Free-standing house Hotel room Other (Specify) _____

Number of people planned to undergo quarantine _____ Number of residents in the planned quarantine site (#adults / #children) _____ Number of rooms (with doors) _____

Number of self-contained bedrooms (subset as above) _____ Number of bathrooms _____

How will you arrange for basic needs to be met while home-quarantined? (food, water, etc...) _____

I will allow daily physical verification of quarantine compliance through: 1. Direct visit by the quarantine team 2. Phone calls from the quarantine team

If you prefer (2), do you have a thermometer to measure your temperature daily? Yes No Other (Specify) _____

Additional Comments: _____

Please save the National Hotline Number (1-800-200) in your phone in case you feel unwell during the quarantine Saved the number on my phone

3. TERMS AND CONDITIONS

- This Exemption/Risk Assessment has been introduced under the authority of the *National Pandemic Act 2020*.
- Intending travellers seeking exemptions are strictly advised to mandatorily fill this form and provide factual information when completing it. Completed forms must be emailed to the National Control Centre (NCC) via covid19-travel@police.gov.pg copying covid19-travelapprover@police.gov.pg including other necessary travel clearance documents.
- Any person/s who knowingly gives false information in this form will be considered as purposely committing an offence under *Section 47 (d)* of the *National Pandemic Act 2020*.
- If approval is given, quarantined person/s must not break any Covid-19 protocols during the quarantine period.

4. DECLARATION SECTION

I have read and understood the *Terms and Conditions* set out above; and I make this declaration by virtue of the *National Pandemic Act 2020* conscientiously believing this information contained herein to be true in every particular. If I allow information to be stated on anything which is misleading or false, I will be liable for prosecution under the *National Pandemic Act 2020*.

Signed:

Date:

5. OFFICE USE ONLY (Technical Review/Recommendations)

Criteria	Assessment	Comments
Is the proposed exemption justified on legal, health and/or National security grounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Does the proposed quarantine location pose any individual health, public health and/or safety concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Recommendation / Comments: _____

Signed:

Date:

David MANNING, MBE, DPS, QPM
 Controller
 Covid-19 National Pandemic

or

Signed:

Date:

Dr. Paison DAKULALA
 Secretary
 National Department of Health