



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH**

**Andy Beshear
Governor**

275 East Main Street, HS1GWA
Frankfort, KY 40621
502-564-3970
Fax: 502-564-9377
www.chfs.ky.gov/dph

**Eric C. Friedlander
Acting Secretary**

**Steven J. Stack, MD
Commissioner**

April 14, 2020

You are receiving this letter because your vehicle was documented to have been parked where a mass gathering was held on Sunday, April 12, 2020 at Maryville Baptist Church. COVID-19 is spread through the community and transmitted person to person through respiratory droplets. Attending a mass gathering of more than 10 people increases your risk of COVID-19 exposure.

If you and/or someone in your household attended the above gathering, following the guidance from the Kentucky Department for Public Health, you are advised to restrict movement to home while self-monitoring with public health supervision for 14 days from attending the mass gathering. These steps are instituted in the interest of the public health and in alignment with guidance developed by the Kentucky Department for Public Health in consultation with the Centers for Disease Control and Prevention.

Please review and sign the enclosed acknowledgement outlining your responsibilities during this period of isolation. You can take a picture of the signed agreement and text it to (502) 492-4053. If you are unable to text, we've enclosed a self-addressed stamped envelope for your convenience.

If you are unable to comply with these recommendations or have questions about approved activities or travel, please contact the Bullitt County Health Department at (502) 955-7837. If you feel unwell or become ill at any point during this period of self-monitoring, please immediately contact the Bullitt County Health Department at the number listed above.

Be advised that the Kentucky Department for Public Health has authority granted in KRS 211.180, 214.020, 902 KAR 2:030, 902 KAR 2:050 to require you to implement control measures that are reasonable and necessary to prevent the introduction, transmission, and spread of the 2019 novel coronavirus in this state. Failure to abide by these requests may result in additional actions by public health authorities. If you have any questions about these requests, please call the Bullitt County Health Department at (502) 955-7837.

Sincerely,



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I, _____, acknowledge the authority granted to the Kentucky Department for Public Health (DPH) in KRS 211.180, 214.020, 902 KAR 2:030, 902 KAR 2:050, to require me to implement the following control measures, effective immediately and for no more than 14 days, that are reasonable and necessary to prevent the introduction, transmission, and spread of the 2019 novel coronavirus in this state. Until 14 days after my last exposure to novel coronavirus, I will:

1. Monitor myself for symptoms such as fever, cough, sore throat, or difficulty breathing and report any of these symptoms immediately to the Bullitt County Health Department at 502-955-7837.
2. If I experience any of the symptoms listed in section 1 above, immediately take all reasonable steps to self-isolate and call the Bullitt County Health Department (502) 955-7837. If I believe I require medical evaluation, I will immediately alert my medical provider(s) that I should be immediately placed in isolation due to my possible contact with the 2019 novel coronavirus. Except in an emergency, I will notify BCHD before going to my medical provider or the emergency department.
3. Take my temperature at approximately the same time each day and contact BCHD after each reading. I may contact BCHD by phone or text at (502) 492-4053.
4. Not attend or go to work, school, shopping centers, movie theaters, stadiums, church, or any public place.
5. Not travel outside of the county where I reside without the prior approval.
6. Not travel outside of Kentucky without the prior approval.
7. Not travel by any public, commercial, or emergency conveyance such as a bus, taxi, airplane, train, boat or without the prior approval.

Monitoring Subject: _____

By signing this agreement of Self-Monitoring and Restricted Movement, I _____ agree to the conditions as noted above and I agree to comply with those conditions with no exceptions. I agree to immediately contact the Department for Public Health if any changes in my medical status occur.

Signature of Monitoring Subject _____ Date Signed _____