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གསོ་བ་རྒྱན་ཁག།
ཐིམ་ཕུ།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
THIMPHU: BHUTAN
P.O. BOX: 726



མོན་པོ།

MINISTER

MoH/COVID-19/2019-20/119

30th March 2020

NOTIFICATION

This is to inform all concerned officials and general public that the Ministry of Health will execute the following procedures to release people from quarantine:

1. Completion of 21 days of facility quarantine, counting the day of arrival/quarantine as Day zero (Day 0).
2. Evidence of Negative result for COVID-19 test that will be carried out on Day 22
3. Release upon completion and availability of test result on Day 22 or Day 23 with quarantine completion certificate

This notification is issued for strict compliance with immediate effect. Any changes in the release and testing of quarantined people will be notified as and when decided by the Ministry of Health.

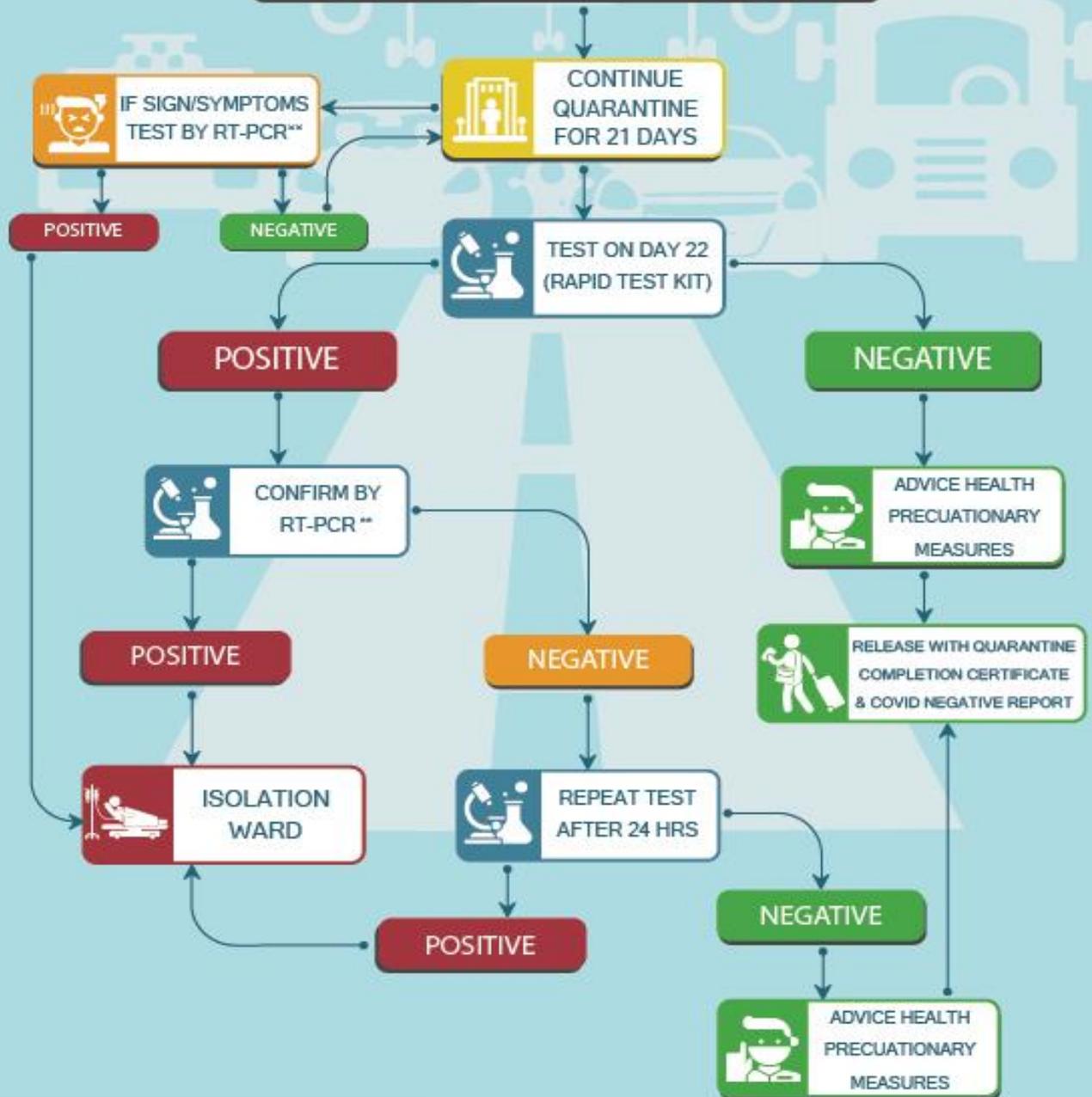
The Testing and Release algorithm is attached for your reference.

DECHEN WANGMO

MINISTER
MINISTRY OF HEALTH
THIMPHU : BHUTAN

TESTING ALGORITHM FOR QUARANTINE

ARRIVAL & QUARANTINE (DAY 0)



** RT-PCR = REAL-TIME POLYMERASE CHAIN REACTION

For more information : dial hotline No.2121, www.health.gov.bt

www.facebook.com/MoHBhutan/ [@MoHBhutan](https://twitter.com/MoHBhutan) [ministryofhealthbhutan](https://www.instagram.com/ministryofhealthbhutan)





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ཐིམ་ཕུ།

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Date:

CERTIFICATE

This is to certify that the following individual has completed 21 days of facility quarantine after arriving into the country and also tested *NEGATIVE* for COVID-19 by rapid test kit on day 22.

Name: Age/Sex:

CID/Passport no:

Quarantine started on: Ended on:

Tested for COVID-19 on:

He/she is released from quarantine as per international and national best practice standards and protocols supported by evidence of laboratory test.

Dr. Tshokey, Technical Advisor
Technical Advisory Group (TAG) for COVID-19

On the day of release, the above individual has no symptoms such as fever, cough, headache, shortness of breath and loss of sense of smell and taste.

Verified by Quarantine Facility Manager:

Name:

Signature: