

# Residential Community Quarantine Clearance Declaration

Name:

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Address:

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Contact Number:

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Quarantine Start Date:

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Quarantine End Date:

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I hereby declare that I have completed the required quarantine period in accordance with the guidelines set forth by the local health authorities. I confirm that I have not experienced symptoms related to COVID-19 during my quarantine period, and I have fully complied with all regulations and protocols imposed by the community.

I understand that any false statement made herein may result in legal consequences.

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Signature over Printed Name

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Date