CIRCULAR

This is in continuation to Circular dt. 21.03.2020 and 04.04.2020 regarding precautionary measures to be taken by the employees in view of the spreading of Covid-19. As non-resident Keralites from other states and expatriates are expected to arrive Kerala during these days, all employees are hereby instructed to adhere to the following guidelines.

1. All returnees from other states and countries have to undergo institutional/home quarantine as per the conditions mentioned in the MHA orders dated 29/4/2020(Sl. No. IV (f)) & 5/5/2020 (Sl No. 2 (xiv to xix)).

2. If any family member/close relative of the port employee, who arrives from other state or foreign country is forced to be accommodated in the residence of the employee of Cochin Port Trust as per the Govt Guidelines the employee concerned shall inform the same in advance to the Chief Medical Officer, Cochin Port Trust through the HOD concerned in the prescribed format and thereafter adhere to further instructions of Chief Medical Officer.

3. In the event of any such employee advised to undergo quarantine by Chief Medical Officer the employee concerned will have to avail eligible leave for his self quarantine period as may be prescribed by the Chief Medical Officer.

4. Cochin Port Trust being an organization coming under essential services, it has to be ensured that all employees remain healthy and devoid of any impact of the spread of Covid-19. Hence all employees are advised to strictly follow Government guidelines regarding social distancing in public spaces and work places to keep Covid-19 at bay. All employees shall also strictly follow the guidelines already conveyed vide this office Circulars dt. 21-03-2020 and 04-04-2020 in the matter.

Copy to: The CMO, CoPT – with a request to issue format as mentioned at Para 2.
* : All HoDs, Cochin Port Trust.
* : PS to Chairman/PS to Deputy Chairman/PA to Secretary.
1. Name of the employee
2. Staff No.
3. Designation & Department
4. Residential Address

5. Email ID & Phone No.
6. Name of person to be quarantined
7. Relationship of the person with the employee
8. Date of arrival
9. Travelled from other state or from abroad
10. Period of home quarantine required
11. Whether your residence is located in the hot spot
12. Details of family members

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<th>Sl. No.</th>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
<th>Any major illness</th>
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13. Whether any pregnant woman/child under 10 year is staying at home

14. Whether all the family members are willing to comply with the home quarantine rules

15. Whether approval has been received from concerned authority for quarantine

I am fully aware of the home quarantine rules and regulations as per protocol of the State Govt. and shall strictly follow it. I am also aware of the circular No.SWO/Circular/Covid-19/2020-S dated 06.05.2020 issued by the Secretary, CoPT.

Signature of the employee with date

Remarks & Recommendations of concerned HoD

CHIEF MEDICAL OFFICER