

# WEST VIRGINIA CODE: §16-4-17

## §16-4-17. Release from detention.

If as a result of the tests and examination provided to be made in the preceding section, it is shown that the party so examined is suffering with a venereal disease, not in an infectious state, said party may be released from further detention upon signing the agreement herein required to be provided, and which agreement shall be signed by the persons who have become noninfectious under treatment and detention, but who have not been cured. All persons signing the agreement mentioned above shall observe its provisions; and any failure to do so shall be deemed a misdemeanor and, shall be punished as hereinafter provided. The agreement mentioned above shall be sufficient if in words and figures following, after the blanks have been filled to suit each individual case:

Agreement to be signed by persons who are suffering with a venereal disease and are to be released from detention or quarantine, before being cured, or by persons who voluntarily submit themselves for treatment to the health clinics as provided by law. State of West Virginia,

County (or City) of \_\_\_\_\_

Witnesseth, That I, \_\_\_\_\_, residing at \_\_\_\_\_, in the county of \_\_\_\_\_, State of West Virginia, do hereby acknowledge the fact that I am at this time infected with a venereal disease, to wit: with \_\_\_\_\_ and that I agree to place myself under the care of \_\_\_\_\_ within \_\_\_\_\_ hours hereafter, and that I will remain under treatment of said physician or clinic until released by the health officer of \_\_\_\_\_, or until my case is transferred with the approval of said health officer to another regularly licensed physician or approved clinic; and that I further agree to report to the health officer above, within four days after beginning treatment from the above physician or clinic, of the medical treatment applied in my case, and that I will report thereafter as often as may be required of me by the health officer; and that I further agree to take all the precautions recommended by the health officer to prevent the spread of the above disease to other persons, and to this end that I will perform no act that might expose other persons to the above disease; and that I further agree, until finally released by the health officer, to notify him of any change in my address, and to obtain his consent before moving my abode outside his jurisdiction.

Witness my hand, this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
(Signature of Patient)

Approved this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

(Local Health Officer)