## 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 voluntary 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,
		hat I am at this time infected with a
		ree 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 wit	h the approval of said health officer
to another regularly licensed j	physician or approved clinic	c; and that I further agree to report
to the health officer above, wi	thin four days after beginni	ing treatment from the above
physician or clinic, of the med	ical treatment applied in m	y case, and that I will report
thereafter as often as may be	required of me by the healt	th 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 j	jurisdiction.	
Witness my hand, this the	day of	, 19
(Signature of Patient)		
Approved this the day of	. 19 .	

(Local Health Officer)

