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	,
		t that I am at this time infected	
		gree to place myself under the	
within	hours hereafte	er, and that I will remain under	
treatment of said physician or	clinic until released by t	he health officer of	
, or unti	l my case is transferred w	vith the approval of said health	officer
to another regularly licensed	physician or approved cli	nic; and that I further agree to	report
to the health officer above, wi	ithin four days after begir	nning treatment from the above)
physician or clinic, of the med	lical treatment applied in	my case, and that I will report	
thereafter as often as may be	required of me by the hea	alth officer; and that I further a	igree to
take all the precautions recon	nmended by the health of	ficer to prevent the spread of the	he
_		vill perform no act that might e	-
-		agree, until finally released by t	
· · · · · · · · · · · · · · · · · · ·		ss, and to obtain his consent be	fore
moving my abode outside his	jurisdiction.		
Witness my hand, this the	day of	. 19	
	uuy 01	, 10	
(Ciamatuma of Dational)			
(Signature of Patient)			
Approved this the day of	f , 19 .		

(Local Health Officer)

