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,		
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 a	agree to place myself under the care of		
within	hours hereaft	er, and that I will remain under		
treatment of said physician or clinic until released by the health officer of				
, or until m	y case is transferred v	with the approval of said health officer		
to another regularly licensed phy	vsician or approved cli	inic; 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 an	y change in my addre	ss, and to obtain his consent before		
moving my abode outside his jurisdiction.				

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Approved this the day of	, 19	
(Signature of Patient)		
Witness my hand, this the	day of	, 19
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(Local Health Officer)