

## **Quarantine (COVID-19 Restrictions) Regulations 2022**

**GN No. 155 of 2022**

**Government Gazette of Mauritius No. 94 of 30 June 2022**

### **THE QUARANTINE ACT 2020**

**Regulations made by the Minister under section 13 of the Quarantine Act 2020**

#### **PART I – PRELIMINARY**

##### **1. Short title**

These regulations may be cited as the **Quarantine (COVID-19 Restrictions) Regulations 2022**.

##### **2. Interpretation**

In these regulations –

“Act” means the Quarantine Act 2020;

“booster dose of COVID-19 vaccine” means, in the case of a person who has been vaccinated with –

- (a) one dose of Johnson & Johnson vaccine, an additional dose of any other COVID-19 vaccine to that of the one dose of Johnson & Johnson vaccine; or
- (b) 2 doses of a COVID-19 vaccine, other than the 2 doses of COVID-19 vaccine referred to in paragraph (a), an additional dose of any other COVID-19 vaccine to that of the 2 doses of the COVID-19 vaccine;

“COVID-19” means the virus known as the novel coronavirus (2019-n CoV) or SARS CoV2;

“COVID-19 test” means any COVID-19 test;

“COVID-19 vaccination centre” means such health institution or such other specified area as the Minister may designate;

“COVID-19 vaccine” means such vaccine as listed in the First Schedule;

“eligible person” means a person who –

- (a) is examined by a Government medical officer or a medical practitioner of a private health institution and found to be medically eligible for a COVID-19 vaccine; and
- (b) meets such eligibility criteria as the Minister may determine, having regard, inter alia, to the specifications of the COVID-19 vaccine, availability of the COVID-19 vaccine in Mauritius, the priority groups to be vaccinated and other relevant considerations;

“fully vaccinated” means a person who –

- (a) is vaccinated with one dose of Johnson & Johnson vaccine, provided that –
  - (i) 28 days have lapsed after the dose of the vaccine having been administered; but
  - (ii) 6 months have not lapsed after the period of 28 days;
- (b) is vaccinated with 2 doses of any other COVID-19 vaccine, other than Johnson & Johnson vaccine, provided that –

- (i) 14 days have lapsed after the second dose of the vaccine having been administered; but
  - (ii) 6 months have not lapsed after the period of 14 days;
- (c) is vaccinated with a booster dose of COVID-19 vaccine, provided that the booster dose is –
- (i) administered not later than 4 April 2022; or
  - (ii) after 4 April 2022, administered not later than 6 months, after the administration of the first dose of Johnson & Johnson vaccine or second dose of any other COVID-19 vaccine, as the case may be;
- (d) has, further to being tested as being infected with COVID-19, recovered therefrom and has, between 40 days and 6 months after the date of being tested as such, been administered with a dose of COVID-19 vaccine; or
- (e) is certified as such by at least 2 Government medical practitioners designated by the Minister;

“infected”, in relation to COVID-19, means suffering from, or in the incubation stage of, or contaminated with, COVID-19;

“private health institution” has the same meaning as in the Private Health Institutions Act;

“quarantine period” means the period declared under section 4(1)(b) of the Act;

“RT-PCR test” means the COVID-19 Reverse Transcriptase Polymerase Chain Reaction (PCR) test;

“self-confined person” means a person who is self-confined at his place of residence, hotel or tourist accommodation, as the case may be.

### **3. Application of regulations**

These regulations shall not apply to the Island of Agaléga, St Brandon and the Chagos Archipelago.

## **PART II – PREVENTIVE AND SANITARY MEASURES**

### **4. Wearing of protective mask**

(1) Every person shall wear a protective mask over his nose and mouth in –

- (a) hospitals, clinics and pharmacies;
- (b) private consultation of doctors, dentists and other healthcare professionals;
- (c) nursing homes, care homes and disability care facilities;
- (d) public service vehicles and light rails; and
- (e) passenger terminal at the airport and port.

(2) Every person shall ensure that every child aged 5 and above in his company wears a protective mask over the child's nose and mouth in the places specified in paragraph (1).

(3) A person who is infected with COVID-19 has to avail himself of medical treatment or procure medicine or any other item essential for his or his family's subsistence or livelihood shall, in a public place, wear a protective mask over his nose and mouth.

### **PART III – VACCINATION PROCEDURES AND CONSENT FORM**

#### **5. Vaccination procedures**

- (1) Any eligible person who wishes to be vaccinated with a COVID-19 vaccine shall
- 
- (a) attend such hospital, private health institution, or such other place as the Minister may designate for the administration of the vaccine;
  - (b) sign the Registration and Consent Form for COVID-19 Vaccination as set out in the Second or Third Schedule, as the case may be; and
  - (c) undertake to abide by all the terms and conditions specified in the Registration and Consent Form for COVID-19 Vaccination.
- (2) The Minister shall give public notice of any place designated under paragraph (1)(a).
- (3) Any eligible person who wishes to be vaccinated with a COVID-19 vaccine in a private health institution shall be vaccinated on payment of such fee, being a fee that excludes the cost of the vaccine, as the private health institution may determine.
- (4) Any Registration and Consent Form for COVID-19 Vaccination under the revoked Public Health (COVID-19 Vaccines for Emergency Use) Regulations 2021 and the Consolidated COVID-19 Regulations 2021 shall be deemed to have been made under these regulations.

## **PART IV – SELF-CONFINEMENT**

### **6. Period of self-confinement**

(1) A person who is tested to be infected with COVID-19 shall, subject to paragraph (2) or (3), be self-confined for a period of 7 days from the day he has been tested to be infected with COVID-19.

(2) Where a self-confined person becomes symptomatic during the period of self-confinement, he shall be self-confined for such additional period as the quarantine officer may, in the circumstances, determine.

(3) Where a self-confined person becomes asymptomatic during the period of self-confinement of 7 days, he may, subject to him being negative of COVID-19, resume his normal activities.

## **PART V – RESTRICTION OF ACCESS TO SPECIFIED INSTITUTION**

### **7. Restriction of access**

(1) For the purpose of section 4(2)(a) of the Act, no employee of a specified institution shall have access that institution unless he produces –

- (a) (i) his COVID-19 vaccination card, in the form set out in the Fifth Schedule or in such electronic format as the Minister may approve, certifying that he has been fully vaccinated; and
- (ii) his National Identity Card or passport;
- (b) (i) in case he has not been vaccinated with a COVID-19 vaccine, an RT-PCR test result slip, in the form set out in the Sixth Schedule, certifying a negative result dating back to not more than 7 days from the date of the RT-PCR test was undertaken; and

- (ii) his National Identity Card or passport; or
- (c)
  - (i) a documented medical certificate (*certificat médical détaillé*), duly certified by a panel of 2 Government medical officers that, by reason of his medical conditions, he cannot be vaccinated with a COVID-19 vaccine; and
  - (ii) his National Identity Card or passport; or

(2) Where, pursuant to paragraph (1)(c)(i), a person is certified by a panel of 2 Government medical officers that he cannot be vaccinated with a COVID-19 vaccine, the panel of 2 medical officers or any other panel of 2 Government medical officers may require that person to undergo an RT-PCR test at such interval as they may determine.

(3) (a) Subject to subparagraph (b), where, pursuant to paragraph (1) (a), an employee does not have access to his specified institution and is absent from work, such absence may, with the consent of the worker, be reckoned against his paid leave entitlement, whether sick leave, accumulated sick leave, annual leave or vacation leave or a combination of such leave, as the case may be, and shall be with pay.

- (b) Where the employee –
  - (i) does not give his consent for his absences to be deducted from his leave entitlement; or
  - (ii) has exhausted all his leave entitlement,

the absence of the employee shall be without pay.

## **8. Exempted specified institution**

The Minister may, by notice published in the Gazette, exempt a specified institution from the application of this Part for a specific purpose and for a specified period.

## **PART VI – SELF-TESTING KIT**

### **9. Interpretation of Part VI**

In this Part –

“laboratory reagents company” means a company registered with the Ministry to import laboratory reagents;

“pharmacy” has the same meaning as in the Pharmacy Act;

“private laboratory” means a laboratory registered with the Ministry;

“registered medical practitioner” has the same meaning as in the Medical Council Act;

“registered nurse” has the same meaning as in the Nursing Council Act;

“Self-Testing Kit” means the COVID-19 Antigen based test kit with nasal, nasopharyngeal or saliva swabs, as approved by the World Health Organisation, the Food and Drug Administration or the European Union;

“wholesale pharmacy” has the same meaning as in the Pharmacy Act and is a wholesale pharmacy which holds a written authorisation from the Ministry to import Self-Testing Kits.

### **10. Sale of Self-Testing Kit**

(1) A wholesale pharmacy shall not sell any Self-Testing Kit to any person other than to –

(a) the Ministry;

(b) private health institutions;



- (c) medical practitioners;
  - (d) private laboratories;
  - (e) laboratory reagents companies;
  - (f) retail pharmacies; and
  - (g) the Mauritius Duty Free Paradise, the Rodrigues Duty Free Paradise and the Cruise Terminal.
- (2) Every sale of a Self-Testing Kit shall be recorded in a register.
- (3) Any register kept under this Part shall, on demand, be produced to the Ministry.

## **PART VII – MISCELLANEOUS**

### **11. Guidelines**

The Ministry may, for the purposes of these regulations, issue such guidelines as it may deem appropriate.

### **12. Offences**

Any person who contravenes these regulations shall commit an offence and shall, on conviction, be liable to a fine not exceeding 500,000 rupees and to imprisonment for a term not exceeding 5 years.

### **13. Revocation**

- (1) The Consolidated COVID-19 Regulations 2021 are revoked.
- (2) The revocation of the Consolidated COVID-19 Regulations 2021 shall not affect its previous operation or any process or anything duly done under them.

#### **14. Commencement**

These regulations shall come into operation on 1 July 2022.

Made by the Minister on 30 June 2022.

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## **FIRST SCHEDULE**

[Regulation 2]

### **COVID-19 VACCINES**

1. AstraZeneca (Vaxzevria or Covishield)
  2. Covaxin
  3. Moderna
  4. Pfizer BioNTech
  5. Sinopharm
  6. Sinovac
  7. Sputnik V
  8. Johnson & Johnson
  9. Novavax, also known as Nuvaxovid or Covovax.
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## SECOND SCHEDULE

[Regulation 5(1)(b)]



### MINISTRY OF HEALTH AND WELLNESS

#### REGISTRATION AND CONSENT FOR COVID-19 VACCINATION

##### PART I – REGISTRATION FORM

Recipient name		National Identity Card no./Passport no.	
Date of birth	Gender	Married/Unmarried	
Age		Details pertaining to parent/guardian	
Address		Details pertaining to next of kin	
Occupation		Email address	
Parent/guardian (if applicable)		Phone no.	Preferred language
Name of COVID-19 Vaccination Centre			

##### Emergency Use Authorisation

The Ministry of Health and Wellness has made the COVID-19 vaccine available following regulatory approval of its use in the United States, United Kingdom, India and other countries as circumstances justify its use in an emergency such as the COVID-19 pandemic. This vaccine has not completed the same type of review and process in those countries as would have been the case in normal circumstances and the Ministry of Health and Wellness is making the

vaccine available due to existence of a public health emergency and on the basis of the totality of scientific evidence available for the time being, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

## **PART II – CONSENT FORM**

1. I have been provided with and have read/have been explained in my own language\*, the explanations regarding the nature of and implications of the vaccine, the fact sheet about the said vaccine which has been provided to me. I understand that if this vaccine requires 2 doses, the 2 doses of this vaccine shall be administered (given) in order for it to be effective. I have been given an opportunity to ask questions which were answered to my satisfaction/have ensured that the person named above for whom I am authorised to provide consent was also given a chance to ask questions\*. I understand the benefits and risks of the vaccine.

2. I request that the vaccine be administered to me/the person named above for whom I am authorised to make this request and provide consent\*. I understand there will be no cost to me for this vaccine. I have been informed that after administration of the vaccine, I will be kept under observation for a period of at least 30 minutes. I authorise release of all information needed, including but not limited to medical records, such information provided by me for the purposes of this form as may be required for other public health purposes, including reporting to any public health institution.

### **Waiver, Release and Hold Harmless Agreement**

3. I, together with my parent or guardian, if I am under the age of 18 or under a legal disability, represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows –

- (a) I acknowledge that as a result of the vaccination, certain risks are involved and that any adverse event following immunisation which might include injuries and death could occur to me. I accept and voluntarily incur and assume all risks of any adverse event following immunisation, including injuries and death that arise during or result from the administration of the vaccine;

- (b) without limiting my assumption of the general risks described above, I specifically understand and acknowledge the following with regard to the novel coronavirus, COVID-19 –
- (i) COVID-19 has been declared a worldwide pandemic by the World Health Organization;
  - (ii) COVID-19 is an infectious virus that is extremely contagious and spreads easily through person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air;
  - (iii) those infected with COVID-19 may show no symptoms and still spread the disease, including through interpersonal communications and sharing spaces with others;
  - (iv) COVID-19 can cause serious and potentially life threatening illness and even death;
  - (v) COVID-19 has recently shown signs of mutation in several countries like the United Kingdom, Brazil, South Africa and Japan.

**4.** Notwithstanding the foregoing, I hereby choose to accept, and freely and voluntarily assume, the risks set out in this Form.

**5.** I waive all claims against the State of Mauritius, the Global Health Partnership also known as GAVI Alliance, donor States or organisations, manufacturers of the vaccine and their agents or preposés, any vaccinator, any hospital or private health institution authorised by the Minister, to administer the vaccine for any adverse event following immunisation, including injuries and death, whether known or unknown, foreseen or unforeseen, which arise from/during or as a result of the vaccine, regardless of whether or not caused, in whole or in part, by the negligence or other fault on their part, I release and forever discharge them from all claims.

**6.** I agree to indemnify and hold the above parties harmless from and against any and all losses, liabilities, damages, costs or expenses, including but not limited to reasonable attorneys'

fees and other litigation costs and expenses incurred by any of these parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of them to recover any losses, liabilities, costs, damages, or expenses that arise during or result from the vaccine.

7. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement/The above has been carefully explained to me in my own language\* and given assistance in responding to questions set out in the fact sheet.

8. I have read and fully understand the contents of this Form/have been explained in my own language\* and fully understand the contents of this Form and I execute it voluntarily.

9. I undertake to –

- (a) attend the same vaccination centre on the date scheduled for the second dose as specified in this Form and in such COVID-19 Vaccination Record Card as may be provided to me;
- (b) attend the same vaccination centre where the vaccine was administered in case any adverse event following immunisation; and
- (c) bring and produce the COVID-19 Vaccination Record Card provided to me.

.....	.....	.....
Signature of	Name	Relationship to patient, if
recipient/parent/guardian		other than recipient

.....	.....
Date	Time

**PROCEED TO VACCINE ADMINISTRATION STATION**

First dose vaccine		
Date	Brand of vaccine**	Other <input type="checkbox"/> (please specify)
Dosage given	AstraZeneca <input type="checkbox"/>	
Time of vaccination	Pfizer <input type="checkbox"/>	
	Batch no.	
	Date of expiry	

I have reviewed the contents of this Registration and Consent Form with patient/parent of patient/guardian of patient\*.

I confirm that the patient/parent of patient/guardian of patient\* was given an opportunity to ask questions about the vaccine, and I have, to the best of my ability, answered all the questions asked by them.

I confirm that recipient of the vaccine is an eligible person.

.....  
Name of recipient/parent/guardian

.....  
Signature of recipient/parent/guardian

.....  
Name of Doctor who explained the above

.....  
Signature of Doctor who explained the above

.....  
Name of Vaccinator

.....  
Signature of Vaccinator



.....  
Name of witness

.....  
Signature of witness

.....  
Date

<b>Observation Period at Vaccination Centre</b> (To be filled by health care personnel)		
Observation period at Vaccination Centre	Time in	Time out
Adverse Event Following Immunisation noted		
Expected date of second dose		

<b>Second dose vaccine</b>		
Date	Brand of vaccine**	Other <input type="checkbox"/> (please specify)
Dosage given	AstraZeneca <input type="checkbox"/>	
Time of vaccination	Pfizer <input type="checkbox"/>	
	Batch no.	
	Date of expiry	

I have reviewed the contents of this Registration and Consent Form with patient/parent of patient/guardian of patient\*.

I confirm that the patient/parent of patient/guardian of patient\* was given an opportunity to ask questions about the vaccination, and I have, to the best of my ability, answered all the questions asked by them.

I confirm that recipient of the vaccine is an eligible person.

.....  
Name of recipient/parent/guardian

.....  
Signature of recipient/parent/guardian

.....  
Name of Doctor who explained the above

.....  
Signature of Doctor who explained the above

.....  
Name of Vaccinator

.....  
Signature of Vaccinator

.....  
Name of witness

.....  
Signature of witness

.....  
Date

<b>Observation Period at Vaccination Centre</b> (To be filled by health care personnel)		
Observation period at Vaccination Centre	Time in	Time out
Adverse Effect Following Immunisation noted		

\* *Delete as appropriate*

\*\* *Tick as appropriate*

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## THIRD SCHEDULE

[Regulation 5(1)(b)]



### MINISTRY OF HEALTH AND WELLNESS

#### REGISTRATION AND CONSENT FOR ADDITIONAL DOSE OF COVID-19 VACCINE TO PERSONS ALREADY VACCINATED

#### PART I – REGISTRATION FORM

Recipient name		National Identity Card no./Passport no.	
Date of birth	Gender	Married/Unmarried	
Age		Details pertaining to parent/guardian	
Address		Details pertaining to next of kin	
Occupation		Email address	
Parent/guardian (if applicable)		Phone no.	Preferred language
Name of COVID-19 Vaccination Centre			

#### EMERGENCY USE AUTHORISATION

1. The Ministry of Health and Wellness has made the COVID-19 vaccine available following regulatory approval of its use in the United States, United Kingdom, India and other countries as circumstances justify its use in an emergency such as the COVID-19 pandemic. This vaccine has not completed the same type of review and process in those countries as

would have been the case in normal circumstances and the Ministry of Health and Wellness is making the vaccine available due to existence of a public health emergency and on the basis of the totality of scientific evidence available for the time being, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

2. Furthermore, some countries such as United Kingdom and France, have approved the administration of additional doses of COVID-19 vaccines in certain circumstances.

**PART II – CONSENT FORM FOR ADDITIONAL DOSE OF COVID-19 VACCINE**

1. I have been provided with and have read/have been explained in my own language\*, the explanations regarding the nature of and implications of the vaccine, the fact sheet about the said vaccine which has been provided to me. I have been given an opportunity to ask questions which were answered to my satisfaction/have ensured that the person named above for whom I am authorised to provide consent was also given a chance to ask questions\*. I understand the benefits and risks of the vaccine.

2. I confirm that I have already been vaccinated with COVID-19 vaccine(s) as specified herewith –

Date of Vaccine	Brand Name of Vaccine	Vaccination Centre
Dose 1 .....		
Dose 2 (if applicable) .....		

3. With a view to enhancing the immunity of persons already vaccinated, the administration of additional dose(s) of COVID-19 vaccines has been authorised.. I therefore request that an additional dose of COVID-19 vaccine be administered to me/the person named above for whom I am authorised to make this request and provide consent\*. I understand there will be no cost

to me for this vaccine. I have been informed that after administration of the vaccine, I will be kept under observation for a period of at least 30 minutes. I authorise release of all information needed, including but not limited to medical records, such information provided by me for the purposes of this form as may be required for other public health purposes, including reporting to any public health institution.

#### **WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT**

4. I, together with my parent or guardian, if I am under the age of 18 or under a legal disability, represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows –

- (c) I acknowledge that as a result of the vaccination, certain risks are involved and that any adverse event following immunisation which might include injuries and death could occur to me. I accept and voluntarily incur and assume all risks of any adverse event following immunisation, including injuries and death that arise during or result from the administration of the vaccine;
- (d) without limiting my assumption of the general risks described above, I specifically understand and acknowledge the following with regard to the novel coronavirus, COVID-19 –
  - (vi) COVID-19 has been declared a worldwide pandemic by the World Health Organization;
  - (vii) COVID-19 is an infectious virus that is extremely contagious and spreads easily through person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air;
  - (viii) those infected with COVID-19 may show no symptoms and still spread the disease, including through interpersonal communications and sharing spaces with others;

- (ix) COVID-19 can cause serious and potentially life threatening illness and even death;
- (x) COVID-19 has recently shown signs of mutation in several countries like the United Kingdom, Brazil, South Africa, Japan and India.

**5.** Notwithstanding the foregoing, I hereby choose to accept, and freely and voluntarily assume, the risks set out in this Form.

**6.** I am already vaccinated and I fully understand that this additional dose is being administered to me to enhance my immunity.

**7.** I waive all claims against the State of Mauritius, the Global Health Partnership also known as GAVI Alliance, donor States or organisations, manufacturers of the vaccine and their agents or preposés, any vaccinator, any hospital or private health institution authorised by the Minister, to administer the vaccine for any adverse event following immunisation, including injuries and death, whether known or unknown, foreseen or unforeseen, which arise from/during or as a result of the vaccine, regardless of whether or not caused, in whole or in part, by the negligence or other fault on their part, I release and forever discharge them from all claims.

**8.** I agree to indemnify and hold the above parties harmless from and against any and all losses, liabilities, damages, costs or expenses, including but not limited to reasonable attorneys' fees and other litigation costs and expenses incurred by any of these parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of them to recover any losses, liabilities, costs, damages, or expenses that arise during or result from the vaccine.

**9.** I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement/The above has been carefully explained to me in my own language\* and given assistance in responding to questions set out in the fact sheet.

**10.** I have read and fully understand the contents of this Form/have been explained in my own language\* and fully understand the contents of this Form and I execute it voluntarily.

11. I undertake to bring and produce the COVID-19 Vaccination Record Card provided to me.

.....  
 ... Name .....  
 Signature of Relationship to patient, if  
 recipient/parent/guardian other than recipient

.....  
 Date Time

**PROCEED TO VACCINE ADMINISTRATION STATION**

ADDITIONAL DOSE OF COVID-19 VACCINE	
Date .....	Brand of vaccine ..... .
Dosage given (specify whether 3 <sup>rd</sup> or other dose) ..... ...	
Time of vaccination ..... ...	
Place of vaccination .....	Batch No.
	Date of expiry

**PROCEED FOR OBSERVATION PERIOD**

<b>Observation Period at Vaccination Centre</b> (To be filled by health care personnel)		
Observation period at Vaccination Centre	Time in	Time out
Adverse Event Following Immunisation noted		

I have reviewed the contents of this Registration and Consent Form with patient/parent of patient/guardian of patient\*.

I confirm that the patient/parent of patient/guardian of patient\* was given an opportunity to ask questions about the vaccine, and I have, to the best of my ability, answered all the questions asked by them.

I confirm that recipient of the vaccine is an eligible person.

.....  
 Name of recipient/parent/guardian

.....  
 Signature of recipient/parent/guardian

.....  
 Name of Doctor who explained the above

.....  
 Signature of Doctor who explained the  
 above

.....  
 Name of Vaccinator

.....  
 Signature of Vaccinator

.....  
 Name of witness

.....  
 Signature of witness



.....

Date

*\*Delete as appropriate.*

\_\_\_\_\_

## FOURTH SCHEDULE

[Regulation 7(1)]

### SPECIFIED INSTITUTIONS

	SPECIFIED INSTITUTIONS	DESCRIPTION OF SPECIFIED INSTITUTIONS
1.	Educational or training institution	<i>Crèche</i> , day-care centre, a kindergarten, special education needs institution, pre-primary school, primary school, secondary school, tertiary institution, vocational training centre and any other educational or training institution, whether Government-owned or private-owned

2.	Health institution	Hospital, <i>mediclinic</i> , dispensary, private health institution under the Private Health Institutions Act, area health centre, community health centre, <i>cabinet médical</i> and <i>cabinet dentaire</i>
3.	Residential care home/ Residential care institutions for children victims of violence, abuse and neglect/Shelters for women victims of domestic violence	<p>(1) Residential care home as licensed under the Residential Care Homes Act;</p> <p>(2) Residential care institutions for children victims of violence, abuse and neglect registered with the Ministry of Gender Equality and Family Welfare;</p> <p>(3) Shelters for women victims of domestic violence, registered with the Ministry of Gender Equality and Family Welfare</p>
4.	Reform institution	Reform institution under the Reform Institutions Act such as prison, Correctional Youth Centre, Rehabilitation Youth Centre, the grounds and buildings within the reform institution's enclosure (excluding prison married quarters), all premises of a temporary detention centre, and any grounds or buildings thereof and used by detainees, prison officers, medical officers, prison hospital officers and other official working for those institutions
5.	Probation Hostel for Boys and Girls	Probation Hostel for Boys, Probation Home for Girls and any other institution run by the Mauritius Probation and Aftercare Service under the

		Probation of Offenders Act
6.	Sir Seewoosagur Ramgoolam International Airport	<p>(a) the airport as described in the First and Third Schedules to the Civil Aviation (Security) Regulations 2019; and</p> <p>(b) includes the terminal buildings and car park areas of the airport</p>
7.	Plaine Corail Airport	<p>(a) the airport as described in the Second and Fourth Schedules to the Civil Aviation (Security) Regulations 2019; and</p> <p>(b) includes the terminal buildings and car park areas of the airport</p>
8.	Port Louis harbour	<p>The premises located in the port area of Port Louis as described in item 1 of the Schedule to the Ports Act, such as the Terminal I (Trou Fanfaron Fishing Port, Quays A, B, C, D, E and other facilities), the Terminal II (Multipurpose Terminal), the Terminal III (Mauritius Container Terminal), the Oil Jetty, the Mauritius Freeport Development Company Ltd Quay, the Froid des Mascareignes Quay and the buildings and premises occupied as office space by the Mauritius Ports Authority and the Cargo Handling Corporation Ltd</p>

9.	Port Mathurin harbour	The premises located in the port area of Port Mathurin as described in item 2 of the Schedule to the Ports Act, such as the Granary building (State Trading Corporation), the Quay, the Container stacking area (Associated Container Services Ltd) and the Port Administration Building (Mauritius Ports Authority wing only)
10.	Child care services establishment	Establishment providing child care services under the Children's Act 2020
11.	Police premises	Any building premises occupied by the Police Force
12.	Fire and Rescue premises	Any building premises occupied by the Mauritius Fire and Rescue Service
13.	Lodging accommodation (commonly known as dormitory)	Any lodging accommodation holding a lodging accommodation permit under the Occupational and Safety and Health (Employees' Lodging Accommodation) Regulations 2011
14.	Beautician/Aesthetician/ Bridal make-up artist/ Beauty care centre/Hair dressing saloon	Business premises listed as classified trades in the Twelfth Schedule to the Local Government Act

<b>15.</b>	Cinema hall/Multiplex/ Theatre and concert halls	Business premises listed as classified trades in the Twelfth Schedule to the Local Government Act
<b>16.</b>	Restaurant/Snacks/ Pub/Bar/Table d'Hôte	(a) business premises listed as classified trades in the Twelfth Schedule to the Local Government Act; or  (b) licensed under the Tourism Authority Act or the Rodrigues Regional Assembly (Tourism) Regulations 2001
<b>17.</b>	Private club (not including nightclub)	(a) business premises listed as classified trades in the Twelfth Schedule to the Local Government Act; or  (b) licensed under the Tourism Authority Act or the Rodrigues Regional Assembly (Tourism) Regulations 2001
<b>18.</b>	Hotel/Guest house	(a) business premises listed as classified trades in the Twelfth Schedule to the Local Government Act; or  (b) licensed under the Tourism Authority Act or the Rodrigues Regional Assembly (Tourism) Regulations 2001

19.	Health club/Sports centre, Sports complex and/or Wellness centre (including gym and spa)	<p>(a) business premises listed as classified trades in the Twelfth Schedule to the Local Government Act; or</p> <p>(b) falling under the aegis of the Ministry of Youth Empowerment, Sports and Recreation, or falling under the aegis of a local authority, or falling under the aegis of the Rodrigues Regional Assembly</p>
20.	Casino/Gaming house	Business premises licensed under the Gambling Regulatory Authority
21.	Multi-purpose hall, including wedding hall/ Funeral parlour (undertaker)	Business premises listed as classified trades in the Twelfth Schedule to the Local Government Act
22.	Tourist residences and Domaines	Licensed under the Tourism Authority Act or the Rodrigues Regional Assembly (Tourism) Regulations 2001
23.	Civil Status Office	Any building premises of a Civil Status Office
24.	Registrar-General Department	Any building premises of the Registrar-General Department

<b>25.</b>	Waster Water Management Authority	Any building premises of the Waste Water Management Authority
<b>26.</b>	Corporate and Business Registration Department (Registrar of Companies)	Any building premises of the Corporate and Business Registration Department
<b>27.</b>	Municipal and District Councils	Any building premises of a Municipal and District Council
<b>28.</b>	National Land Transport Authority	Any building premises of the National Land Transport Authority
<b>29.</b>	Post Office	Any building premises of a Post Office
<b>30.</b>	Social Security Office	Any building premises of a Social Security Office
<b>31.</b>	National Empowerment Foundation	Any building premises of the National Empowerment Foundation
<b>32.</b>	Mauritius Revenue Authority	Any building premises of the Mauritius Revenue Authority

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**FIFTH SCHEDULE**

[Regulation 7(1)(a)(i)]

**VACCINATION CARD**



**Republic of Mauritius**

**Ministry of Health and Wellness**

**COVID-19 VACCINATION RECORD CARD**

Place of immunisation.		Serial no. ....														
Surname																
Name		Mr/Mrs/Miss														
National Identity Card no. /Passport no.**																
<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>																
Sex	M	F	Date of birth	Age ..... yrs												
	<input type="checkbox"/>	<input type="checkbox"/>	...../...../.....													
<b><u>Address</u></b>		<b><u>Tel No.</u></b>														
		Home:														
		Mob (5):														

<b><u>Occupation</u></b>		Next to kin:
		Mob (5):
<b><u>ALLERGIES</u></b>		
Food	<input type="checkbox"/>	Specify .....
Medications	<input type="checkbox"/>	Specify .....
Others	<input type="checkbox"/>	Specify .....

<b>VACCINE</b>	<b>First Dose</b>	<b>Second Dose</b>	<b>Remarks</b>
Name of Vaccine			
Batch Num:			
DATE	...../...../20...	...../...../20...	
DOSAGE	..... ML	..... ML	
SITE OF INJECTION			
TIME OF INJECTION			
NEXT DOSE SCHEDULED DATE	...../...../20...	...../...../20...	
MEDICAL HEALTH OFFICER/SIGNATURE			

ADVERSE EVENT FOLLOWING IMMUNISATION			
Seal of Ministry of Health and Wellness			

**Please keep record card which includes medical information about the vaccine you have received**

### **PRECAUTIONS TO PREVENT SPREAD OF COVID-19**

- 1) Wearing of Face Mask properly**
- 2) Maintain safe distance (1 meter)**
- 3) Use of Hand Sanitizers**
- 4) Do not touch your eyes, nose or mouth**
- 5) Cover nose and mouth with bent of elbow when coughing or sneezing**
- 6) Stay at home if feeling unwell**
- 7) If you have fever, cough and difficulty to breath seek medical attention**

#### **Vaccination Centres**

**LA CAVERNE HPU – 6975120**

**IVC – 2108583**

**L'ESCALIER HPU – 6368310**

**St. Pierre – 4330352**

**ATCHIA BUILDING HPU – 2130037**

**SSRNH – 243 8430**

**SSRNH NCD QUARTERS – 2459268**

**Belvedere –  
4182390**

**FLACQ HEALTH CLUB- 4137221**

**Rose Belle 6270370**

**Rose-Hill - 4642002**

**CDCU – 2012739**

**HPU HEADQUARTERS – 2149176, 2012179**

**Please contact HOTLINE 8924 in case of queries (24/7)**

**Ministry of Health and Wellness**

**8<sup>th</sup> Floor, Emmanuel Anquetil Building,**

**Port-Louis,**

**Mauritius**

**Tel: 201 1929**

**Fax: 212 3770**

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**SIXTH SCHEDULE**

[Regulation 7(1)(b)(i)]

**RESULT SLIP OF RT-PCR TEST (SARS-COV2)**

Name of laboratory .....
Address of laboratory .....

Name(s) and Surname of person tested
.....
Gender Male/Female*
National Identity Card No./Passport No. ....
Address .....
Telephone no. .... Mobile No. ....
Occupation .....

Swab performed by .....
Date swab performed ..... Time .....
Type of swab** Nasopharynx <input type="checkbox"/> Oropharynx <input type="checkbox"/>
Result** Detected <input type="checkbox"/> Not detected <input type="checkbox"/>

This result slip shall be valid from ..... (date/month/year) to ..... (date/month/year).

.....  
Name of Virologist/Microbiologist/Clinical  
Scientist/Pathologist/Medical  
Laboratory Technologist\*

.....  
Signature

.....  
Date

.....  
Seal of Laboratory

\* *Delete as appropriate*

\*\* *Tick as appropriate*

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