

*Public Health [2019 Novel Coronavirus (2019-nCoV)]  
Regulations, 2023*

371

SCHEDULE 1—FORM B



REPUBLIC OF TRINIDAD AND TOBAGO  
PUBLIC HEALTH ORDINANCE CH. 12 No. 4

Sections 105, 105A, 105B and 105C

**NOTICE OF APPEAL OF FIXED PENALTY NOTICE**

*[Pursuant to section 105A(6)]*

TAKE NOTICE that the applicant (being the person to whom the Fixed Penalty Notice was issued/being an interested party/parent/guardian/person with responsibility for the child) hereby appeals to the Magistrate/Children Court Master against the decision of the Constable who issued the Fixed Penalty Notice.

**Signed:**

**Name:**

**Date:**

TICKET NO.: PH		TICKET PAYMENT RECEIPT NO.:	
DATE AND TIME		dd/mm/yyyy	a.m./p.m.
LOCATION			
VIOLATION	<input type="checkbox"/> Failure to wear mask* in a public hospital or private hospital	<input type="checkbox"/> Failure to wear mask* in a public or private medical clinic	
	<input type="checkbox"/> Failure to ensure child wears mask* in a public hospital or private hospital	<input type="checkbox"/> Failure to ensure child wears mask* in a public or private medical clinic	
<b>APPLICANT INFORMATION:</b>			
Name			
Sex		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth		dd/mm/yyyy	
Address (Line 1)			
(Line 2)			
(Line 3)			
(Line 4)			
Phone number(s)			
Email			
ID:-DP/PP/ID card			
ID:-other			
Number of previous violations		<input type="checkbox"/> 1	<input type="checkbox"/> 2
		<input type="checkbox"/> 3	<input type="checkbox"/> More than 3
<b>IF UNDER 18/PERSON WITH DISABILITY, PARENT/GUARDIAN/PERSON WITH RESPONSIBILITY:</b>			
Name of Responsible Adult			
Address			
Phone number(s)			
Email			
ID of Adult DP/PP/ID			
I affirm that the personal information I have provided is accurate.			
Signed:			
<b>POLICE INFORMATION:</b>			
Name			
Rank and Number			

\*In this form "mask", means face mask, face shield or face covering.

[over]

**\*\*Reason(s) for Appealing the Fixed Penalty Notice**

A. I/[patient]/[child] was unable to [put on]/[wear] a mask/face shield/face covering] for one or more of the reasons set out below—

- Due to a medical, physical or mental illness or impairment, or disability which inhibits [my/his/her] ability to wear a face mask, face shield or face covering;
- [I/he/she] was travelling with/providing assistance to, a person who relies on lip reading to communicate with [me/him/her];
- I removed my face mask, face shield or face covering [he/she] removed [his/her] face mask, face shield or face covering to avoid harm or injury/or avoid the risk of harm or injury, to [me/himself/herself/others];
- [I/he/she] was travelling to avoid injury/to escape a risk of harm, and [I/he/she] did not have a face mask, face shield or face covering with [me/him/her] at the time;
- [I/he/she] removed [my/his/her] face mask, face shield or face covering to eat/drink.

B. (Provide reasons in relation to breach of regulation 6.)

- I removed [my/his/her] face mask, face shield or face covering to take medication;
- [I/he/she] removed [my/his/her] face mask, face shield or face covering temporarily for security and identification purposes as this was necessary for the purpose of receiving services;
- Other circumstances provided for in guidelines issued by the Ministry of Health.

**\*\*Select all reasons relevant to your application.**

**Please set out brief particulars for your record(s) for appeal in the area provided below.**

**Evidence in support of application:**