

Form must be submitted 72 hours before travel

REQUEST FOR TRAVEL INTO UNALAKLEET

Phone: 907-310-1713 Email: [travelunkpoc@gmail.com](mailto:travelunkpoc@gmail.com)

Date of Request: \_\_\_\_\_ Name of Traveler(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Travel Route (i.e. ANC-OME-UNK): \_\_\_\_\_

Travel Dates (must inform of any changes): \_\_\_\_\_

If arriving by plane, which airline and expected time? \_\_\_\_\_

If by boat, expected time of arrival? Ocean traveler **must** dock vessel below AC Store: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Where are you traveling from? \_\_\_\_\_

Are you traveling from a community with confirmed cases of COVID-19? \_\_\_\_\_

Recent travel history within the last 3 months: \_\_\_\_\_

Location of quarantine upon arrival: \_\_\_\_\_

Is the entire household prepared to quarantine? Yes \_\_\_\_\_ No \_\_\_\_\_

To your knowledge, have you been in contact with anyone who has tested positive for COVID-19? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had or are you experiencing any of the following symptoms? Coughing, Fever, Chills, Sneezing, Shortness of Breath, Muscle Pain, Sore Throat, Loss of Taste or Smell? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please call the Nome Nurse Call Line (907) 443-6411 or 1-844-586-8773.

BY SUBMITTING THIS DOCUMENT, I AGREE TO EITHER

1) FOLLOW A FULL 14-DAY QUARANTINE UPON ARRIVAL. ALL HOUSEHOLD MEMBERS ARE REQUIRED TO QUARANTINE.

**OR**

2) TRAVELER CAN PROVIDE NEGATIVE TEST RESULTS WITHIN 3 DAYS OF DEPARTURE TO UNALAKLEET AND PROVIDE A SECOND NEGATIVE TEST 7 DAYS AFTER ARRIVING. IF TRAVELER CANNOT TEST BEFORE DEPARTURE, THEY MAY TEST UPON ARRIVAL AND TEST AGAIN 7 DAYS LATER. ALL HOUSEHOLD MEMBERS ARE REQUIRED TO QUARANTINE.

**REMINDER** it is the traveler's responsibility to call the clinic (907) 624-3535 to schedule a test. Rapid tests will be done only if the Clinic has enough in stock.

BY NOT ADHERING TO THE QUARANTINE I UNDERSTAND I WILL BE LIABLE FOR THE FOLLOWING FINES:

1<sup>ST</sup> OFFENSE: \$250.00

2<sup>ND</sup> OFFENSE: \$500.00

3<sup>RD</sup> OFFENSE: \$1,000.00

\_\_\_\_\_  
TRAVELER'S SIGNATURE

\_\_\_\_\_  
DATE

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

APPROVED ON: \_\_\_\_\_  
DATE

DENIED ON: \_\_\_\_\_  
DATE