

\*\*\*\*\*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.

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BY SUBMITTING THIS DOCUMENT, I AGREE TO TEST WITHIN 3 DAYS OF DEPARTURE AND PROVIDE RESULTS.

I ALSO AGREE TO:

- 1) FOLLOW A 14-DAY QUARANTINE UPON ARRIVAL INTO UNALAKLEET, AND I ALSO UNDERSTAND THAT ALL HOUSEHOLD MEMBERS ARE REQUIRED TO QUARANTINE UPON MY ARRIVAL. ALL HOUSEHOLD MEMBERS MUST ABIDE BY ALL RULES INVOLVING QUARANTINE PROCEDURES IN UNALAKLEET.

**OR**

- 2) FOLLOW A 7 TO 10-DAY QUARANTINE AND PROVIDE A SECOND NEGATIVE TEST RESULT AT LEAST 7 DAYS AFTER ARRIVING, AND I ALSO UNDERSTAND THAT ALL HOUSEHOLD MEMBERS ARE REQUIRED TO QUARANTINE UPON MY ARRIVAL. ALL HOUSEHOLD MEMBERS MUST ABIDE BY ALL RULES INVOLVING QUARANTINE PROCEDURES IN UNALAKLEET.

**REMINDER** The traveler is responsible for scheduling a test with the clinic at (907) 624-3535. 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:

1st fine of \$250      2nd fine of \$500      3rd fine of \$750      4th fine of \$1000

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

\_\_\_\_\_  
DATE

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

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

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