

REQUEST FOR TRAVEL AUTHORIZATION INTO UNALAKLEET
Unalakleet Travel Committee

DATE REQUESTED _____

NAME OF TRAVELER _____

CONTACT PHONE _____

CONTACT EMAIL _____

Please check mark preferred form of contact

TRAVEL DATES _____

PURPOSE OF TRAVEL _____

Have you traveled from anywhere with positive COVID-19 cases? Yes No

Recent Travel History _____

Where are you coming from? _____

How long were you there? _____

Where will you be staying? _____

Is the home you will be residing in prepared to quarantine for 14 days? _____

How long are you planning to stay in Unalakleet? _____

Have you had contact with anyone who tested positive for COVID-19? Yes No

Have you had any of the following symptoms? Coughing Fever Sneezing Shortness of Breath

If so, please call NSHC at the Nurse Call Line 907-443-6411

Will you voluntarily self-quarantine for 14 days upon arrival? Yes No

BY SUBMITTING THIS DOCUMENT, I HEREBY AGREE TO A 14-DAY QUARANTINE UPON ARRIVAL IN UNALAKLEET, AND I UNDERSTAND THAT ALL HOUSEHOLD MEMBERS ARE REQUIRED TO QUARANTINE UPON MY ARRIVAL.

SIGNATURE _____ DATE _____