



CITY OF SAINT PAUL ALASKA

COVID-19 TRAVEL FORM

(This form is to be completed before returning or coming to Saint Paul Island and does not need to be completed if when leaving the island.)

Each Traveler to Saint Paul Island must fill out a form, regardless of age or whether an employer has filed a plan or protocol with the State of Alaska. A COVID-19 PCR test must be obtained prior to traveling to the island. Please provide a copy of your negative test results with this completed form.

Full Name: _____

Business/Vessel Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email: _____

Self-Quarantine Address (if different from above): _____

DATES OF TRAVEL

Estimated Date/Time of Arrival to SNP: _____

Estimated Date/Time of Departure from SNP: _____

REASON FOR TRAVEL

Travel is currently not permitted into Saint Paul Island, with limited exceptions. Please check below which exception applies to you:

Residents traveling to meet critical personal needs (*those needs that are critical to meeting a personal, individual, or family needs. Those needs include buying, selling, or delivering groceries and home goods; obtaining fuel for vehicles or residential needs; transporting family members out-of-home care, essential health needs, or for purposes of child custody exchanges; receiving essential health care; providing essential health care to a family member; obtaining other important goods; and engaging in subsistence activities.*)

Emergency first responders

Law enforcement acting within their official duties

Office of Children's Services personnel responding to reports of abuse and neglect

Essential Government Services Personnel needed to ensure the continuing operations of government agencies to provide for the health, safety, and welfare of the public.

Persons engaged in subsistence fishing and the commercial fishing industry including fisherman, processors and transporters of fish and those providing contract services to fishermen, processors and transporters related to maintenance and operation of commercial fishing vessels and processing facilities.

I agree to submit to health screening in Saint Paul Island, if requested.

I agree to wear cloth face covering when outside personal lodgings and in Saint Paul Island.

I agree to follow local ordinances that are in place or may be in the future.

I agree to self-quarantine for 14 days.

I agree not to enter residences in Saint Paul Island other than my own lodging.

I agree not to invite visitors to the location where I am quarantined.

Certificate: Read and Sign: I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. **WARNING:** If you provide false information on this form, you may be convicted of a Class B felony under AS 11.56.200 and/or a Class A misdemeanor under AS 11.56.210. Additionally, due to the imminent danger to the public by the spread of Coronavirus, if you violate the self-quarantine regulations set forth in the mandate, you may also be convicted as a class A misdemeanor which is punishable by a fine of up to \$25,000 or imprisonment of not more than one year, or both pursuant to Alaska Statute 12.55.135. You may also be cited for a minor offense under local ordinance and subject to a \$500 fine.

TRAVELER SIGNATURE: _____ DATE: _____

If the traveler is a minor under the age of 18, a parent or guardian signature is required.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

****For City of Saint Paul Use Only****

Travel Approved

Travel Denied

City Manager Signature: _____ Date: _____

Denied by the City Manager for following reasons: _____

A traveler who was denied travel by the City Manager can appeal the decision to the City Council of the City of Saint Paul.

City Council review: _____

City Manager Signature: _____ Date: _____

Travel Approved

Travel Denied

THE CITY COUNCIL'S DECISION ON APPEAL SHALL BE THE FINAL CITY ACTION.