

STATE OF ALASKA
Department of Health & Social Services
TRAVEL DECLARATION FORM

**MANDATORY DECLARATION FORM FOR
INTERSTATE TRAVELERS**

The State of Alaska actively screens and monitors all travelers for public health and safety.
It is required that all travelers provide the information below.
Alaska Statutes 26.26 and 18.15

IDENTIFICATION AND CONTACT INFORMATION

FULL NAME (PRINT): _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER WHILE TRAVELING IN ALASKA _____ DATE OF ARRIVAL _____

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

#1 I am travelling as part of critical infrastructure with a current COVID mitigation plan.

Employer: _____

Employee title/role _____

Does Employer require testing at arrival? YES NO UNKNOWN

#2 I (and/or the minor children in my custody and care listed below, if any) have had a PCR test within 72 hours prior to departure and it was negative, evidence of the results can be provided.

Minor Children: _____

#3 I am an Alaska resident returning from an out-of-state trip of five days or less. I choose the following option:

- I consent to receiving a PCR test upon return to Alaska. I will obtain a second PCR test between 7-14 days after arrival, and minimize interactions until the result from the second test shows that I am negative for COVID-19.
- I will self-quarantine for 14 days upon arrival. No test will be required.

#4 I consent to a PCR test to determine if I am currently infected with COVID-19, because I haven't been tested or I was tested within 5 days prior to departure. Notice of the test results will be provide to me via (email, text, phone or app) and I agree to quarantine at the listed location until I receive the results of my test. I will minimize my interaction with others until my second PCR test is back, or I leave the state, whichever is earlier. This consent is for myself and/or the following minors in my care and custody:

#5 I will self-quarantine for 14 days at the listed quarantine location below. I will comply with these quarantine requirements:

1. Proceed directly to your designated quarantine location. Remain in your designated quarantine location for a period of 14 days, or the duration of your stay in Alaska, whichever is shorter.
 - a. You may leave your designated quarantine location only for medical emergencies or to seek necessary medical care.

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- b. Do not visit any public spaces, including, but not limited to: pools, meeting rooms, fitness centers, or restaurants.
 - c. Do not allow visitors in or out of your designated quarantine location other than a physician, healthcare provider, or individual authorized to enter the designated quarantine location by Unified Command.
2. Comply with all rules or protocols related to your quarantine as set forth by your hotel or rented lodging.

QUARANTINE LOCATION INFORMATION

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF ARRIVAL AT QUARANTINE LOCATION _____

CERTIFICATE

Read and Sign: I swear or affirm, under penalty of perjury, that: the above information I provided on this document is true and correct. I swear I will comply with the requirements of Health Mandate 019, the requirements of my employer's protective plan (if applicable), and this Declaration Form.

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 of 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 12.55.035 and Alaska Statute 12.55.135.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

This section to be completed by screener

Is Declaration Form complete? YES NO

Did traveler provide proof of negative PCR test within 72 hours of travel? YES NO

Did traveler come in contact with any positive COVID case within the last 14 days or was present in a high risk environment? YES NO

Traveler symptoms - Cough YES NO - Shortness of Breath YES NO - Fever symptoms YES NO

Did traveler accept testing voucher? YES NO

Did traveler receive education? YES NO

Did traveler complete entry point test? YES NO

Did traveler provide contact information for results? YES NO

Printed name and title/agency: _____

Signature: _____ Date: _____