

CITY OF SAINT PAUL

ALASKA

INDIVIDUAL COVID-19 TRAVEL FORM #16

Each unvaccinated 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 and/or City of Saint Paul. All unvaccinated individuals shall provide a negative test result from a molecular-based test for SARS-CoV2, either a PCR or rapid (e.g. Abbott IDNow) test within 72 hours of departure to Saint Paul Island. All individuals traveling to Saint Paul Island must complete this form and submit to the City. This form is to be completed within 48 hours before returning or coming to Saint Paul Island and is strongly recommended to be completed before leaving the island.

Full Na	Full Name:							
Busine	ss/Vessel Name:							
Addres	ss:							
City: _		State:	Zip Code:					
Phone	No:	Email:						
Self-Qu	uarantine Address (<i>if differen</i>	nt from above):						
		DATES OF TRAVE	EL					
Estin	nated Date/Time of Arrival t	o Saint Paul Island:						
Estin	nated Date/Time of Departur	re from Saint Paul Island:						
		REASON FOR TRAV	VEL					
	is currently permitted into Sair which exception applies to you		ns. Please describe your reason for travel below and					
	or family needs. Those needs vehicles or residential needs; of child custody exchanges; obtaining other important g	s include buying, selling, or deliver transporting family members out-o receiving essential health care; pr goods; engaging in subsistence ac acational research; applying for a	reds that are critical to meeting a person's individual ing groceries and home goods; obtaining fuel for f-home care, essential health needs, or for purposes coviding essential health care to a family member; ctivities; pursuing formal (primary, secondary or job; traveling for voting; and the inspection and					
	Nonresident unvaccinated	child who is accompanied by a fu	ally vaccinated parent or legal guardian.					
	Emergency first responder	·s						
	Law enforcement acting w	ithin their official duties						

City of Saint Paul, Alaska

Individ	ual COVID-19 Travel Form #16				
	I have closely reviewed my Company's Community/Workforce Protection Plan and I promise to follow my company's approved Community/Workforce Protection Plan.				
	I agree to obtaining a molecular-based test for SARS-CoV2 within 72 hours prior to traveling to Saint Paul Island and to provide a copy of my test results attached to this form.				
	If I am on Saint Paul Island between 1 and 10 days, I agree to self-quarantine during non-work hours.				
	If I am on Saint Paul Island longer than 10 days, I agree to obtain a rapid molecular-based test for SARS-CoV2, (e.g. Abbott IDNow) at the Saint Paul Health Center during regular business hours and provide the negative test results to the City.				
Comm	nunity/Workforce Protection Plan must be submitted for review by the City of Saint Paul at least five (5) business days				
•	o traveling to Saint Paul Island. The City will review the plans and provide a response within three (3) business days and documents can be submitted to snpcovid19@stpaulak.com .				
	AGREEMENT TO FOLLOW COMMUNITY SAFETY LAWS				
Initial	the following acknowledging your agreement to adhere to local laws.				
Initial					
	I will not travel to Saint Paul Island if symptomatic.				
	I will not travel to Saint Paul Island if I am infected with COVID-19.				
	I agree to follow local ordinances that are in place or may be in the future.				
	I agree to obtaining a molecular-based test for SARS-CoV2 within 72 hours prior to traveling to Saint Paul Island and to provide a copy of my test results attached to this form.				
	I agree to self-quarantine for 10 days.				
	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 obtain a rapid molecular-based test for SARS-CoV2, (e.g. Abbott IDNow) after 10 days of arrival at the Saint Paul Health Center during regular business hours and provide the negative test results to the City.				
	I agree not to enter residences in Saint Paul Island other than my own lodging.				
	I agree that if need gasoline from the Gas Station I must remain in my vehicle and ask for assistance.				
	I agree not to invite visitors to the location where I am quarantined.				
	I agree that all personnel will not enter the Aleut Community Store, U.S. Post Office, Bulk Sale, City Hall, and othe public facilities that are open to the general public for 10 days after arriving on the island.				

City of Saint Paul, Alaska

ENFORCEMENT AND PENALTIES

By signing this document, you are making a sworn statement. 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.

The Saint Paul Department of Public Safety is authorized to enforce individual compliance with City Emergency Ordinances, with the primary focus being on education and voluntary compliance before civil penalties or criminal charges. The Saint Paul Department of Public Safety will respond to complaints and educate the public when they see violations that jeopardize the safety of individuals or the community. However, individuals who violate the Emergency Ordinances risk civil fines and criminal prosecution.

The Saint Paul Department of Public Safety will first attempt to enforce Emergency Ordinances through education. In the event education does not result in voluntary compliance, the Saint Paul Department of Public Safety is authorized to:

- Issue a verbal or written warning and opportunity to correct actions.
- Issue a citation to Saint Paul Island Tribal Court for Civil Mischief for members of the Aleut Community of Saint Paul Island.
- Issue a citation for a Level III offense punishable in accordance with CCO 09.05.020 resulting in mandatory fines increasing in increments of \$50.00 up to the maximum of \$300.00.

The Saint Paul Department of Public Safety's enforcement responsibilities will enforce State COVID-19 Health Mandates and applicable Alaska Statutes, including but not limited to Reckless Endangerment pursuant to AS 11.41.250.

CERTIFICATE AND SIGNATORY

		<u>penalty of perjury, that: the above information on d to administer oaths is unavailable.</u> TRAVELER
SIGNATURE:		
PLACE SIGNED:		_
If the traveler is a minor under the age	of 18, a parent or guardian signature	is required.
PARENT/GUARDIAN SIGNATURE:		DATE:
PLACE SIGNED:		_
travel by the City Manager can appeal t	he decision to the City Council of the ETHE FINAL CITY ACTION. Pl	ng to the island. A traveler who was denied e City of Saint Paul. THE CITY COUNCIL'S ease complete this form and submit to the City
	For City of Saint Paul Use On	ly*
COVID-19 Travel Form Received On:		
Molecular-based test for SARS-CoV2 I	Received On:	
Travel Approved	Travel Denied	
City Manager Signature:		Date:
Notes:		
Denied by the City Manager for follow	ing reasons:	
City Council review		

Mayor Signature:		Date:			
		ravel Denied EAL SHALL BE THE FINAL CITY ACTION.			
	Traveler needs transportation from airport to residence. Traveler needs transportation from airport to harbor.				
	Traveler needs transportation from harbor to airport.				
	Traveler has limited mobility and requires transport	t with lift assist capabilities.			