



CITY OF SAINT PAUL

ALASKA

INDIVIDUAL COVID-19 TRAVEL FORM #17

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.

Each Traveler to Saint Paul Island must fill out a form, regardless of age, vaccination status, previous infection, or whether an employer has filed a plan or protocol with the State of Alaska and/or City of Saint Paul. All 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.

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 Saint Paul Island: _____

Estimated Date/Time of Departure from Saint Paul Island: _____

REASON FOR TRAVEL

Travel is currently not permitted into Saint Paul Island, with limited exceptions. Please describe your reason for travel below and check which exception applies to you:

____ **Resident traveling to meet critical personal needs** (*those needs that are critical to meeting a person's 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; engaging in subsistence activities; pursuing formal (primary, secondary or collegiate) education or educational research; applying for a job; traveling for voting; and the inspection and maintenance of personal property.*)

____ **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.
- ___ **Persons engaged in scientific research on Saint Paul Island**, such as but not limited to marine mammal, bird, fish, oceanic research activities.
- ___ **Persons engaged in education**, which shall be limited to instructional staff and administrative support staff.
- ___ **Persons employed in the following categories:**
 - ___ **Healthcare Operations and Public Health**
 - ___ **Public Works**, including water, sewer, gas, electrical, roads and highways, public transportation, and solid waste collection and removal
 - ___ **Technology/Communications**
 - ___ **Essential Construction**
 - ___ **Critical Manufacturing**
 - ___ **Food and Agriculture**
 - ___ **Home Emergency and Safety**
 - ___ **Utility Operations and Maintenance** (*whether public or private*).
 - ___ **Air Transportation/Logistics**
 - ___ **Plumbers, electricians, mechanics and other service providers** who provide services that are necessary to maintain the safety, sanitation and essential operation of residences, transportation, and commercial fishing infrastructure.
 - ___ **Supply of fuel** (*including heating oil, diesel fuel, aviation fuel, propane and gasoline*).
 - ___ **Businesses providing mailing and shipping services**, including post office boxes.

ESSENTIAL WORKERS AND COMMUNITY/WORKFORCE PROTECTIONS PLANS

At least five (5) business days before traveling to Saint Paul Island, all essential workers, must provide the City with a copy Community/Workforce Protection Plan. Timely submission of an approved Community/Workforce Protection Plan is required prior to travel being approved.

All essential workers traveling to the City must also agree to the following:

Initial

- ___ My company has provided an approved Community/Workforce Protection Plan to the City.

- ___ 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.

Community/Workforce Protection Plan must be submitted for review by the City of Saint Paul at least five (5) business days prior to traveling to Saint Paul Island. The City will review the plans and provide a response within three (3) business days. All plans 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. For fishing vessels filling out one form for multiple employees, by initialing, you acknowledge that you have explained these requirements to all employees and that as an employer, captain, or supervisor, you will require adherence 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 am fully vaccinated with an authorized FDA COVID-19 vaccine and agree to submit a copy of my U.S. Centers for Disease Control COVID-19 Vaccination Record Card to the City.
- ___ 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 other public facilities that are open to the general public for 10 days after arriving on the island.

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

I certify under penalty of perjury that the foregoing is true swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. A notary public or other official empowered to administer oaths is unavailable. TRAVELER SIGNATURE: _____ DATE: _____

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 to Saint Paul Island, Alaska must be approved prior to anyone traveling to the island. A traveler who was denied travel by the City Manager can appeal the decision to the City Council of the City of Saint Paul. **THE CITY COUNCIL'S DECISION ON APPEAL SHALL BE THE FINAL CITY ACTION.** Please complete this form and submit to the City of Saint Paul by emailing to snpcovid19@stpaulak.com.

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

COVID-19 Travel Form Received On: _____

Molecular-based test for SARS-CoV2 Received On: _____

CDC COVID-19 Vaccination Record Card Received On: _____

___ Travel Approved ___ Travel Denied

City Manager Signature: _____ Date: _____

Notes: _____

Denied by the City Manager for following reasons: _____

City Council review: _____

Mayor Signature: _____ Date: _____

Travel Approved Travel Denied

THE CITY COUNCIL'S DECISION ON APPEAL 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 with lift assist capabilities.