



CITY OF SAINT PAUL

ALASKA

UNVACCINATED INDIVIDUAL COVID-19 TRAVEL FORM #21

This form is to be submitted within 48 hours prior to traveling to Saint Paul Island and is strongly recommended to be completed before leaving the island.

Each unvaccinated traveler to Saint Paul Island must fill out a form, regardless of age, previous infection, or whether an employer has filed a plan or protocol with the City of Saint Paul. All individuals shall provide a negative test result from a test for SARS-CoV2, test taken within 48 hours prior to travel to Saint Paul Island. All individuals traveling to Saint Paul Island must complete this form, obtain a COVID-19 test, 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: _____

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 positive for COVID-19.

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

___ I agree to obtaining a SARS-CoV2 within 48 hours prior to traveling to Saint Paul Island and to provide a copy of my test results.

- ___ I agree to quarantine for 5 days.
- ___ I agree to submit to health screening in Saint Paul Island, if requested.
- ___ I agree to wear face covering when outside personal lodgings and in Saint Paul Island.
- ___ I agree to obtain a SARS-CoV2 test on day five (5) after arrival on Saint Paul Island 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 I 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 to wear a well-fitted mask when entering the Aleut Community Store, U.S. Post Office, Bulk Sale, City Hall, and other public facilities that are open to the general public for five (5) days after arriving on the island.
- ___ I agree to quarantine for 5 days if I come in close contact with an individual positive with COVID-19, monitor for symptoms until 10 days, wear a well fitted mask for ten (10) full days anytime around others inside living quarters, and obtain a test on day 5 after the close contact and submit to the City.
- ___ I agree to isolate for 5 days if I test positive COVID-19 and wear proper face coverings if I have to be around others, and wear a well fitted mask for ten (10) full days after testing positive while in public.

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.

- 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.

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

COVID-19 Travel Form Received On: _____

Test(s) for SARS-CoV2 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.