

STATE OF ALASKA
Department of Health & Social Services

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 26.23 and 18.15.

TRAVELER 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 TEST WITHIN 72 HOURS OF DEPARTURE

(a) **I was tested within 72 hours prior to departure and it was negative. Proof of the result is provided.**

I consent to take another test between 7-14 days after arrival in Alaska. I agree to minimize my interaction with others until my second test is back, 14 days has passed, or I leave the state, whichever is earlier.

(b) **I was tested within 72 hours prior to departure but I am waiting for my test results.**

I agree to quarantine at the listed location until I receive test results, which I will email to traveler@alaska.gov. I will take another test between 7-14 days after arrival in Alaska. I agree to minimize my interaction with others until my second test is back, 14 days has passed, or I leave the state, whichever is earlier.

#2 TEST WITHIN 5 DAYS OF DEPARTURE

(a) **I was tested within 5 days prior to departure and it was negative. Proof of the result is provided.**

I consent to a test at the airport today and a third test between 7-14 days after arrival in Alaska. I will minimize my interaction with others until my third test is back, 14 days has passed, or I leave the state, whichever is earlier.

(b) **I was tested within 5 days prior to departure but I am waiting for test results.**

I agree to quarantine at the listed location until I receive test results, which I will email to traveler@alaska.gov. I will take another test between 7-14 days after arrival in Alaska. I agree to minimize my interaction with others until my second test is back, 14 days has passed, or I leave the state, whichever is earlier.

#3 NO QUALIFYING PRE-TRAVEL TEST

(a) **I have not received a pre-travel test within 5 days prior to departure. I request testing in Alaska.**

I consent to a test upon arrival in Alaska. I agree to quarantine at the listed location until I receive the results. I understand that testing is subject to availability, and I must quarantine for 14 days or until I can receive negative test results, whichever is shorter.

(b) **I have not received a pre-travel test within 5 days prior to departure. 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.
 - 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.

(c) **I am an Alaska resident and was out-of-state for five days or less. I choose the following option:**

- I consent to a test upon return to Alaska. I will quarantine at the listed location until I receive the results of my test. I will obtain a second test between 7-14 days after arrival, and I agree to minimize interactions until the result from the second test shows that I am negative.
- I will self-quarantine for 14 days upon arrival and comply with the quarantine requirements as described in this document.
- I left Alaska for less than 24 hours (for instance, layover in another state), therefore I do not need to test or quarantine. I will self-monitor for the next 14 days for any symptoms, even mild ones.

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#4 RECOVERED ASYMPTOMATIC

- I was previously positive for COVID-19. I am now recovered and can provide proof of the following:**
- (1) Previously positive results of a molecular-based test (not an antibody test) for SARS-CoV2 that occurred at least three weeks prior to arrival in AK;
 - (2) I am currently asymptomatic; and
 - (3) I have a medical provider's note of recovery.

#5 CRITICAL INFRASTRUCTURE WORKFORCE

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**

QUARANTINE LOCATION INFORMATION

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF ARRIVAL AT QUARANTINE LOCATION _____ NOTES: _____

MINOR CHILDREN OR WARDS

I have completed this form on behalf of a minor child in my custody and care, or on behalf of an individual over whom I have legal authority. I am authorized to consent to testing, if applicable, on their behalf.

CHILD/WARD'S FULL NAME (PRINT): _____

AUTHORIZED REPRESENTATIVE'S FULL NAME (PRINT): _____

RELATIONSHIP TO CHILD/WARD: _____

HOME ADDRESS: _____ PHONE NUMBER: _____

SYMPTOM VERIFICATION

Have you come in contact with any positive COVID case within the last 14 days? **YES** **NO**

Do you have any of the following symptoms:

- | | | |
|--|--|--|
| - Cough <input type="checkbox"/> YES <input type="checkbox"/> NO | - Sore throat <input type="checkbox"/> YES <input type="checkbox"/> NO | -New loss of taste or smell <input type="checkbox"/> YES <input type="checkbox"/> NO |
| - Shortness of Breath <input type="checkbox"/> YES <input type="checkbox"/> NO | -Fatigue <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| - Fever symptoms <input type="checkbox"/> YES <input type="checkbox"/> NO | -Body ache <input type="checkbox"/> YES <input type="checkbox"/> NO | |

**If you select yes to any of these, you agree to receive a test at the airport and quarantine till the results return, even if you have a negative test in hand. If you are completing this form before traveling to Alaska and have symptoms, consult with your doctor prior to travel.*

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 010, 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: _____