



TRAVEL ACTIVITY FORM INTO/THRU NOME

Questions via email at: travelform@nomealaska.org or call (907)-443-6649

FORM MUST BE PRESENTED UPON ARRIVAL TO CITY PERSONNEL

The City of Nome has a long history with pandemic outbreaks. This includes the Spanish Flu of 1918-1920, which decimated the local area. For this reason, the City of Nome is taking additional safeguards to protect our community. Please be respectful of this request and expectation.

FINAL DESTINATION: _____ NOME _____ REGIONAL VILLAGE
(Village specific restrictions may apply – information available at www.kawerak.org)

FULL NAME (PLEASE PRINT) _____
HOME ADDRESS (STREET, NOT POB): _____
CITY: _____ STATE: _____ ZIP: _____ PHONE NO. _____
EMAIL: _____ DATE OF ARRIVAL IN NOME: _____

PLEASE CHOOSE ONE:
____ 7-DAY QUARANTINE (WITH 2 COVID TESTS) ____ 14-DAY QUARANTINE
____ SHORTER THAN 7-DAY STAY IN NOME (MUST BE IN QUARANTINE)

Follow your agreed plan of a 7-day quarantine with two negative tests on Day 1 and Day 7, or a 14-day quarantine without testing. If your stay is shorter than 7-days you must be in quarantine the entire time.

****Essential Personnel please read "What Is Quarantine?" section on the back of the form.****

If you've come into contact with someone known to be positive for COVID-19 or someone presumed to be positive for COVID-19, you **MUST** quarantine for a full 14 days from the last date of contact with them before flying to Nome, even if you have personally tested negative and feel healthy. Symptoms may not appear for a full 14 days after your last day of exposure.

WARNING: Both completion of this form and observance of quarantine requirements are required by Ordinance No. 21-07-02 and Emergency Order No. 7. Failure to complete and submit this form or follow quarantine requirements may result in a fine of five hundred dollars (\$500).

By signing this form: 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 the City of Nome, the requirements of my employer's protective plan (if applicable), and this Travel Activity Form. If filled out on-line, a printed signature will be treated in all respects as having the same force and effect as original signatures.

Signature _____ Date: _____

WHAT IS QUARANTINE?

A quarantine is meant to decrease the number of interactions newly arrived travelers have with community members who have been in Nome and not traveled. ****While essential personnel may travel between work and their place of residence, please do not visit the grocery store, bank, post office, bars and restaurants until your quarantine period has ended.**** Please have friends/family/co-workers/business deliver necessary supplies while quarantining from community members.

Measures to Take to Help Stop the Spread of COVID-19:

- **Wear a face mask** when in public spaces.
- **Wash your hands often** with soap and water for at least 20 seconds, especially after coughing, blowing your nose, or sneezing.
- If soap and water are not available use a **hand sanitizer with at least 60% alcohol**.
- **Don't touch your eyes, nose or mouth** with unwashed hands.
- **Avoid close contact with people in the community**. Stay at least 6 feet away from people that are not members of your household.
- **Clean and disinfect frequently touched surfaces**, such as doorknobs, handles, faucets, toilets, phones, light switches and countertops, at least daily.
- **Monitor for symptoms** such as fever, cough, or shortness of breath. Alert a healthcare provider via phone if infection is suspected.

Thank you for traveling to our community. The city of Nome's goal is to keep our community safe from the spread of COVID-19 while allowing travel for essential services, critical personal needs & infrastructure work, subsistence, and visits until the covid-19 threat subsides.

