



## MANDATORY DECLARATION FORM FOR ALL TRAVELERS

The City of Angoon and the Angoon Community Association actively screen and monitor all travelers for public health and safety. It is required that all travelers provide the information below under Emergency Order 05, Issued August 26, 2020.

### TRAVELER IDENTIFICATION AND CONTACT INFORMATION

FULL NAME (PRINT): \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER WHILE IN ANGOON \_\_\_\_\_ DATE OF ARRIVAL \_\_\_\_\_

### THIS SECTION FOR CRITICAL INFRASTRUCTURE WORKFORCE PERSONNEL ONLY

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

### ALL SECTIONS BELOW FOR ALL TRAVELERS 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 within 6 feet for more than 15 minutes with a positive COVID case in 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 and self-isolate pursuant to Emergency Order 5 until the results return, even if you have a negative test in hand. If you are completing this form before traveling to Angoon 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 all Emergency Orders and Mandates of Angoon.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_