

STATE OF ALASKA
Department of Health & Social Services

ALASKA TRAVEL DECLARATION FORM

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.

**All travelers arriving into Alaska must complete this form and a Self-Isolation Plan in the
Alaska Travel Portal at www.alaska.covidsecureapp.com**

TRAVELER IDENTIFICATION AND CONTACT INFORMATION

FULL NAME (PRINT): _____
HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER WHILE TRAVELING IN ALASKA _____ DATE OF ARRIVAL _____
PORT OF ENTRY INTO ALASKA _____

PLEASE SELECT ONE OF THE FOLLOWING CATEGORIES:

#1 ALL NON-RESIDENT TRAVELERS OR ALASKA RESIDENT TRAVELER WITH A TEST (option a or b only):

- (a) **I was tested within 72 hours prior to departure and it was negative. Proof of the result has been uploaded into the Alaska Travel Portal and/or will be available to show airport screeners. I will:**
(1) Take another test between 7-14 days after arrival in Alaska and follow strict social distancing until my second test result is back; OR
(2) Remain in strict social distance for 14 days after arrival, or until I leave the state, whichever occurs first.
- (b) **I was tested within 72 hours prior to departure but I am waiting for test results. Proof of test taken has been uploaded into the Alaska Travel Portal and/or will be available to show airport screeners. I agree to self-quarantine until I receive negative test results, which I will upload to the Alaska Travel Portal. I will:**
(1) Take another test between 7-14 days after arrival in Alaska and follow strict social distancing until my second test result is back, which I will upload to the Alaska Travel Portal; OR
(2) Follow strict social distancing for 14 days after arrival, or until I leave the state, whichever is earlier.
(3) If pending pre-travel test results return **positive** I will upload the result to the Alaska Travel Portal and immediately isolate at my own expense in my self-isolation location. I will contact State of Alaska COVID Reporting Hotline (1-877-469-8067) and will not travel until cleared by public health.
- (c) **I am a non-resident and have arrived into Alaska without proof of a negative test or proof of a test taken within 72 hours of departure. I consent to a test upon arrival and agree to pay \$250 per test for myself and any dependents age 11 or older. I agree to self-quarantine until I receive test results. I will:**
(1) Take another test between 7-14 days after arrival in Alaska and follow strict social distancing until my second test result is back, which I will upload to the Alaska Travel Portal; OR
(2) I will follow strict social distancing for 14 days after arrival, or until I leave the state, whichever is earlier.
(3) Comply with all rules or protocols related to self-quarantine as set forth by hotel or rented lodging.

#2 ALASKA RESIDENT TRAVELER ONLY WITHOUT A PRE-TRAVEL TEST - INTERSTATE

- (a) **I consent to a test upon arrival in Alaska. I agree to self-quarantine until I receive test results. I will:**
(1) Take another test between 7-14 days after arrival in Alaska and follow strict social distancing until my second test result is back; OR
(2) Follow strict social distancing for 14 days after arrival, or until I leave the state, whichever occurs first.
- (b) **I will self-quarantine for 14 days at the listed quarantine location below. I will:**
Proceed directly to my designated self-quarantine location and remain in my self-quarantine location for a period of 14 days or the duration of my stay in Alaska, if less than 14 days.
(1) I will leave my self-quarantine location only for medical emergencies or necessary medical care.
(2) I will not visit any public spaces, including, but not limited to: pools, meeting rooms, gyms, or restaurants.
(3) I will not allow visitors in or out of my self-quarantine location other than a healthcare provider or an individual authorized to enter my self-quarantine location by Unified Command.
- (c) **I am an Alaska resident and left Alaska for less than 24 hours, 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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#3 ALASKA RESIDENT TRAVELER ONLY- INTRASTATE

I am an Alaska resident traveling to an Alaskan community that recommends or requires testing prior to travel and I request to receive a test.

- (1) I understand there is no State-mandated requirement for intrastate travelers to test prior to travel or to quarantine while waiting for these test results.
- (2) I am aware of and agree to comply with all local requirements at my final destination to mitigate the introduction of COVID-19 into remote communities.

#4 RECOVERED ASYMPTOMATIC – ALL TRAVELERS

I was previously positive for COVID-19 within 90 days of departure to Alaska. I am now recovered and attest to the following:

- (1) Proof of positive test results of a molecular-based test (not an antibody test) for SARS-CoV2 has been uploaded into the Alaska Travel Portal and/or will be available to show airport screeners;
- (2) I am currently asymptomatic; and
- (3) A note from a medical provider or public health official indicating I am released from isolation has been uploaded into the Alaska Travel Portal and/or will be available to show airport screeners

**#5 CRITICAL INFRASTRUCTURE WORKFORCE EMPLOYEE:
Critical infrastructure work travel for employer with current State of Alaska approved COVID protective plan.**

Employer: _____ Employee title/role _____

I am providing an employer letter stating I am following the protective plan on file with the State.

SELF-QUARANTINE AND/OR STRICT SOCIAL DISTANCING LOCATION INFORMATION

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF ARRIVAL AT QUARANTINE LOCATION _____ NOTES: _____

MINOR CHILDREN OR WARDS

Children age 10 and under do not need to test, but should be listed on the form of their parent/guardian below.

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 YES NO
- Sore throat YES NO
- New loss of taste or smell YES NO
- Shortness of Breath YES NO
- Fatigue YES NO
- Fever symptoms YES NO
- Body ache YES NO

*If you are an Alaskan resident and select yes to any of these, you agree to receive a test at the airport and self-quarantine till the results are received, even if you have a negative test in hand. If you are a non-resident traveling to Alaska and have symptoms, consult with your medical provider prior to travel.

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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: _____