COVID-19 TRAVEL REQUEST AUTHORIZATION FORM

The Point Hope Tri-Lateral Committee held a meeting in regards to the dramatically increasing numbers of COVID-19 in the State of Alaska on Tuesday October 20, 2020. This meeting was held to modify the Guidelines for inter community travel to and from Point Hope, Alaska. These guidelines has been set forth by the Point Hope Tri-Lateral Committee to protect the community members of Point Hope, Alaska. These guidelines will remain intact until the Point Hope Tri-Lateral Committee rescinds or modifies these orders. All travel into Point Hope by land, air and sea will have restricted guidelines set in place before permitted entry into the community. All travel into Point Hope will be limited to those who can be verified with the City Office of Point Hope as a verified current resident or family member of current resident; those coming into Point Hope who are Essential to the Critical Infrastructure of our community and medical travelers who need medical care outside of Point Hope as defined by the State of Alaska COVID19 Health Mandates. All non-essential travel by residents is discouraged, please only travel for critical medical care that is needed outside of the community per SOA Health Mandate 018. Telephone number is required to conduct contact tracing if needed, also to ask the required COVID-19 Active screening questionnaire.

When you are traveling into Point Hope you must provide a valid negative Active Covid-19 test that can administered in Anchorage at the Drive-Thru testing at the Alaska Native Tribal Health Consortium or the Rapid COVID-19 test that is administered at the FBX building across the Alaska Airlines terminal in Kotzebue, Alaska and submit result to City Office of Point Hope email address covid19coordinator@pointhope-city.org or akphogov@hotmail.com in addition each traveler must answer the COVID-19 Active Screening Questionnaire. As per the Northwest Arctic Borough Emergency Declarations they will not be allowing inter community travel if you have a COVID-19 test result that is older than 72 hours old. You must present your test results to the MHC representative once you land at the Alaska Airlines terminal in Kotzebue, Alaska, also to the Bering Air Agent in the Kotzebue, Alaska airport. Bering Air will not allow you to fly if you do not present the negative test result so please request a hard copy. The analyzation of the Active COVID-19 test takes several days, so please plan ahead. The COVID-19 Travel request authorization form is only obtainable at the City Office of Point Hope and is only validated by the City of Point Hope Mayor, City of Point Hope City Clerk or the COVID-19 Coordinator who was appointed by the City Council of Point Hope on June 1, 2020 as the designee signer.

Please place a check mark on one of the following options:
Essential Personnel ☐ Medical Traveler ☐ Recreational Traveler ☐

Name of Traveler __________________________ Telephone Number________________________

Origin of Travel __________________________ Date of Travel______________ Return Date of Travel______________

Reason for Travel
_______________________________________________________________________________
_______________________________________________________________________________

Verified Current Resident_______ Family Member of Current Resident _______ Cleared ☐ Declined ☐

Active COVID-19 Test Result_______ Rapid COVID-19 Test Result_______ COVID-19 Questionnaire____

City of Point Hope Mayor: __________________________________________ Date:

City of Point Hope City Clerk: ________________________________ Date:

City of Point Hope COVID-19 Coordinator: ______________________ Date:

Revised 08/28/2020
COVID-19 ACTIVE SCREENING QUESTIONNAIRE

This will be updated as the CDC and SOA Health Department’s information on COVID-19 continues to change.

Your health and well-being are the upmost importance and we are taking measures to keep the community a safe environment for all residents. Therefore anyone coming into the community of Point Hope, Alaska will be screened and part of our screening process will include additional information such as a telephone number so contact tracing can be administered if needed and asking the following questions.

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?
   ☐ YES
   ☐ NO

2. Within the last 14-days, have you experienced new shortness of breath that you cannot attribute to another health condition?
   ☐ YES
   ☐ NO

3. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?
   ☐ YES
   ☐ NO

4. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
   ☐ YES
   ☐ NO

5. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?
   ☐ YES
   ☐ NO

6. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* (Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)
   ☐ YES
   ☐ NO

If the individual answers YES to any of the questions they will not be allowed into the community unless determined otherwise by a designated MHC medical professional.

*Facilities identified as being at critical staffing levels in health services may have healthcare workers authorized by the HQ Emergency Operations Center to enter the facility under the following guidelines:

• As long as they remain asymptomatic;
• Self-monitor symptoms as outlined in the guidance; and
• Wear a surgical mask at entry and at all times while on facility grounds