



# WELCOME TO DILLINGHAM! TRAVEL NOTIFICATION FORM

RETAIN A PAPER OR ELECTRONIC COPY OF THIS FORM  
AND HAVE IT AVAILABLE FOR REVIEW IF REQUESTED

Individual Traveler       Group       Minor Children

FULL NAME (Please print): \_\_\_\_\_

HOME ADDRESS (Street not PO Box): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TRAVEL DATE: \_\_\_\_\_ DESTINATION:  Dillingham  Other \_\_\_\_\_

(Other restrictions may apply - check local requirements of all your destinations)

### TRAVELING FROM - CHOOSE ONE

IN-STATE       OUT OF STATE       INTERNATIONAL

**Is your travel to Dillingham for one of the following reasons:**

**Essential Infrastructure Employee In Conduct of Employment**

**Travel Is To Secure Critical Personal Need**

### **MANDATORY TRAVEL QUARANTINE REGULATIONS**

City of Dillingham Emergency Order No 2.1 provides that asymptomatic persons able to demonstrate fully vaccinated status, and persons who can demonstrate recovery from a prior COVID-19 infection, are not required to quarantine unless required to do so through an employer's Community and Workforce Protective Plan. All other persons entering Dillingham by air or vessel are required to: (a) present proof of a negative test result taken within 72 hrs. prior to arrival in Dillingham (children age 10 years and under exempt), and (b) quarantine at their own expense for either 10 days (followed by 4 days of self monitoring) without a COVID-19 test, or 7 days with a negative COVID-19 test result from a test taken on the 5<sup>th</sup> day. If testing is refused a mandatory 10 day travel quarantine with no test out shall be observed.

I can provide documentation upon request showing that I have received a full course of vaccination and that a minimum of two weeks has passed since my last injection.

Pfizer     Moderna     Jansen (Johnson & Johnson)     Other \_\_\_\_\_

Date Last Injection: \_\_\_\_\_ Provider & Location: \_\_\_\_\_

I can provide documentation that I have recovered from a previous COVID-19 infection within the preceding 90 days.

Documentation provided by: \_\_\_\_\_ Date issued: \_\_\_\_\_

I will self-quarantine at my own expense at the the location identified below:

\_\_\_\_\_

**I have familiarized myself with City of Dillingham Emergency Order 2.1 and will comply with its requirements and, where applicable, any requirements of my employer's COVID-19 Community and Workforce Protective Plan.**

If filled out online a printed signature will be treated in all respects as having the same force and effect as an original signature. I swear or affirm, under penalty of perjury, that the information I have provided on this document is true and correct. Failure to file this form may result in a \$300.00 fine.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Submit this form prior to travel to: [travelpermit@dillinghamak.us](mailto:travelpermit@dillinghamak.us)

(Or submit via fax to: (907) 842-2060)

If you are unable to submit this form electronically you can place it in the drop box outside Dillingham City Hall. Questions may be directed to [eoc@dillinghamak.us](mailto:eoc@dillinghamak.us) or (907) 842-2321



Rev. 20210413

The City asks residents and travelers to respect the Covid-19 fears and concerns of Dillingham residents and to act honorably and in good faith to minimize our Covid risks. We are all in this together. Let's work cooperatively and carefully to protect our grandmothers and grandfathers and other elders, mothers and fathers, wives and husbands, daughters and sons, friends, and colleagues.

### **WHAT IS A TRAVEL QUARANTINE - WHY IS IT IMPORTANT?**

A travel quarantine is meant to decrease the number of interactions newly arrived travelers have with community members who have been in Dillingham and not traveled. Please do not visit the grocery store, bank, post office, bars, restaurants, and other areas community members congregate until your travel quarantine period has ended. Please have friends / family / co-workers / business deliver necessary supplies while quarantining from community members.

### **PROTECTIVE MEASURES OBSERVED TO DECREASE 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 **hand sanitizer with at least 60% alcohol**.
- **Don't touch your eyes, nose or mouth**.
- **Avoid close contact with people in the community**. Put 6 feet of distance between yourself and people who don't live in 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 Dillingham's goal is to keep the 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.