



Northwest Borough Travel Declaration Form

Testing Consent

	RAPID In-house
	ANMC Send Out
	Other Send Out

Village Traveler	State of Alaska (Police)
Teacher	Nullagvik Hotel Mgmt
Maniilaq Employee	Airline Employee
Contractors	Other:

COVID-19 is spreading partially due to travel-related infection, the City of Kotzebue has advised that, "all residents of the City shall continue to hunker down and shelter in place as much as possible, in order to minimize any spread of COVID-19"
 Contact your employer and local IRA for specific instructions based on their policies and procedures.

Date _____ Temperature _____ Gender: _____ Employer: _____ Dept _____

PRINT Name: _____ DOB: _____

Address: _____ City, ST, ZIP _____ Phone #: _____

Destination _____ Reason for Travel: _____

Hunker down address: _____ Village/City _____ Phone #: _____

Have you been COVID Tested in the last 72 hours? Yes or No *Result Verified? Yes or No*

Have you traveled out of State within the past month? Yes or No

Where have you traveled to within the past 2 weeks? _____

How many people live in your household including you? _____

Have you been in close contact with a KNOWN person with COVID-19? Yes No

Do you have any of these symptoms?

Symptoms	YES	NO
Fever		
Cough		
Sore Throat		
Runny Nose		
Diarrhea		
Difficulty Breathing		
New Loss of taste or smell		
Other:		

If yes:

How long have you been sick? _____

Do you want a clinic appointment? Yes ___ No ___

_____ *Clinical Use* _____

OPD appointment Scheduled:

Date: _____ Time: _____

Patient/Guardian Consents:

I consent to a specimen collection for Covid-19: YES _____ NO _____

I consent to having to receiving a phone call about my results: YES _____ NO _____

I consent to having my results text to my cell phone: YES _____ NO _____

Please provide mobile number: _____

Would you like a MyHealth Account for results? Yes _____ NO _____ Email address: _____

Patient/Guardian Signature: _____

Date: _____

Clinical Use

MRN _____ Encounter _____

Results -- / +

Date called _____ Left Message _____ Spoke w/patient _____ Caller _____ Care Msg: _____

Notes: _____



Airport _____

TENT _____

Village _____

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CONTACT LOCAL IRA FOR FURTHER REQUIREMENTS
Hunker Down Recommended For All Incoming