

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](http://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) Remain in strict social distance for 5 days after arrival, or until I leave the state, whichever occurs first; OR  
(2) Take another test between 5-14 days after arrival in Alaska and follow strict social distancing until my second test result is back. I understand this test is recommended, but not required.
- (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) Remain in strict social distance for 5 days after arrival, or until I leave the state, whichever occurs first; OR  
(2) Take another test between 5-14 days after arrival in Alaska and follow strict social distancing until my second test result is back. I understand this test is recommended, but not required.  
(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) Remain in strict social distance for 5 days after arrival, or until I leave the state, whichever occurs first; OR  
(2) Take another test between 5-14 days after arrival in Alaska and follow strict social distancing until my second test result is back. I understand this test is recommended, but not required.  
(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) Remain in strict social distance for 5 days after arrival, or until I leave the state, whichever occurs first; OR  
(2) Take another test between 5-14 days after arrival in Alaska and follow strict social distancing until my second test result is back. I understand this test is recommended, but not required.
- (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.
- (c)  **I am an Alaska resident and left Alaska for less than 72 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.**

**#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.**

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

**CERTIFICATE**

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**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: \_\_\_\_\_