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| **TRAVEL:** | **REASONS FOR TRAVEL** | **TYPE OF TRAVEL (check the box that applies)** |
| [ ]  OUT BOUND DATE:\_\_\_\_\_\_\_\_\_\_\_\_Departure from: Eabametoong FNDestination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Essential Travel[ ]  Medical[ ]  Compassionate/Legal(i.e., terminally ill, funeral, court/trials, child services)[ ]  Business/GovernmentOrganization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Duration of stay: \_\_\_\_\_\_\_\_\_\_\_\_\_ | AIR TRAVEL: [ ]  Scheduled [ ]  Charter [ ]  MedivacAIRLINE: [ ]  NorthStar [ ]  Wasaya [ ]  ZAM[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FLIGHT NO.: \_\_\_\_\_\_\_\_\_\_ |
| [ ]  IN BOUND DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_Arrival from:[ ]  Thunder Bay[ ]  Sioux Lookout[ ]  Nakina[ ]  Pickle Lake[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | AUTOMOBILE TRAVEL: [ ]  Winter Road Essential Travel:From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  808 Exchange (vehicle, groceries, appliances, supplies): [ ]  Pick-up [ ]  Drop-off (To ensure a safe drop-off, a PCR test is required at Pickle Lake)[ ]  Transport/Trucking: Name of Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Supply \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight/lbs/kg \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DATE** | **TIME** | **NAME** | **ADDRESS** | **CONTACT #** |
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| **Quarantine History/Non-compliant** [ ]  past quarantine breach(s) [ ]  warned [ ]  charge(s)Date of warning(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Charge(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Quarantine History/Compliant**[ ]  quarantine completed without breachDate of last quarantine period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

EABAMETOONG FIRST NATION PANDEMIC TRAVEL REQUEST FORM

\*Caution\*
If you knowingly falsify information on this form, you may be subject to prosecution.
Disclaimer: if you have a history of non-compliance of quarantine protocols, the approval of this travel request form is *highly unlikely.*

**Medical**

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| **Vaccination Status**[ ]  Unvaccinated **Vaccinated:** (check all that apply)[ ]  First dose [ ]  Second dose [ ]  BoosterOR have you been given a medical exemption letter not to vaccinated?If yes, please provide a copy.\*please provide proof of vaccination\* | **Past COVID Infection**[ ]  Yes [ ]  NoIf yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Please provide Record of Positive Test to EFN COVID Nurse OR medical letter of 30–90 day COVID-19 testing exemption.  | Have you been in close contact with a positive case in the last 10 days?[ ]  Yes [ ]  NoIf yes,Name of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*A close contact is 15 minutes or more in a confined space with COVID positive individual\* |
| Signature of Traveler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 808 checkpoint verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reference #: 1830-22- .  |

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| **\*Pandemic Office Use Only\*** |
| Proof of Test Result: [ ]  GeneXpert molecular test result [ ]  ABBOTT IDNOW molecular test result [ ]  Rapid Antigen Test (positive only) Results of molecular test:[ ]  Negative = Quarantine Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarantine End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Positive = Isolation Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Isolation End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Winter Road Essential Travel: [ ]  GeneXpert molecular test result [ ]  ABBOTT IDNOW molecular test result [ ]  Rapid Antigen Test (positive only)Results of molecular test:[ ]  Negative = Quarantine Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarantine End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Positive = Isolation Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Isolation End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recommendation: [ ]  Approved [ ]  Under Review [ ]  Not Approved | Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_Pandemic Team Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_ |