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| **TRAVEL:** | **REASONS FOR TRAVEL** | **TYPE OF TRAVEL (check the box that applies)** |
| OUT BOUND DATE:\_\_\_\_\_\_\_\_\_\_\_\_  Departure from: Eabametoong FN Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Essential Travel   Medical  Compassionate/Legal (i.e., terminally ill, funeral, court/trials, child services)   Business/Government Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Duration of stay: \_\_\_\_\_\_\_\_\_\_\_\_\_ | AIR TRAVEL:  Scheduled  Charter  Medivac AIRLINE:  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 breach Date 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  Booster  OR 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  No If 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  No If 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:\_\_\_\_\_\_\_\_\_ |