



City of Hoonah

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HOONAH MANDATORY 14-DAY QUARANTINE AGREEMENT FOR DEPARTING AND RETURNING RESIDENTS

Due to the rapid spread of COVID-19 and the high incidence of travel related infection, the City of Hoonah has instituted a mandatory 14-day quarantine for departing and returning residents of Hoonah. The potential for widespread transmission of COVID-19 by infected individuals entering Hoonah threatens the health and well-being of Hoonah residents, as well as the infrastructure and security of Hoonah. In an abundance of caution and to assist in flattening the curve regarding the spread of COVID-19, the City of Hoonah, under its authority to protect the public health, is implementing protocols to ensure residents arriving in Hoonah participate in 14 consecutive days of self-quarantine to begin immediately upon arrival.

I am a resident of Hoonah. A resident means a person who is physically present in Hoonah with the intent to remain in Hoonah indefinitely and to maintain their principal place of abode in Hoonah.

Upon my arrival in the City of Hoonah, I agree to proceed directly to my designated self-quarantine location, place of residence, which is the location identified and affirmed by me in this Agreement. Remain at my designated self-quarantine location for a period of 14 days. Do not visit any public spaces. Do not allow visitors in or out of my designated self-quarantine location other than a physician, healthcare provider. If I am not able to self-quarantine at my place of residence because of the proximity of other persons at the residence, all persons at the residence must abide by and be bound by this Agreement. If I or a household member become ill with a fever or cough, we will continue to stay in designated self-quarantine location, avoid contact with others and contact our healthcare provider to inform them of my travel history and for further instructions on treatment or testing.

I agree to receive daily phone calls from the Hoonah Police Department at the phone number identified and affirmed by me on this Agreement to confirm I am in compliance with this Agreement.

THE FOLLOW LISTS THE SPECIFIC PLACES I WILL TRAVEL OR HAVE TRAVELED WITHIN THE NEXT OR PREVIOUS 14 DAYS.

1. _____ 2. _____
3. _____ 4. _____

FULL NAME (PRINT): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

QUARANTINE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

DATE OF DEPARTURE: _____ DATE OF ARRIVAL: _____

Residents 18 years of age and over must complete and sign their own form. I swear and affirm, under penalty of perjury, that the above information regarding my name and self-quarantine address is true and correct. I agree to comply with State Health Mandates and the mandatory 14-day self-quarantine regulations described herein, passed by the City of Hoonah.

I understand, if I provide false or misleading information on this document, I may be convicted of a Class B felony under AS 11.56.200 and a Class A misdemeanor under AS 11.56.210. I understand, because of the imminent danger of the spread of COVID-19 to residents of Hoonah, if I violate the State Health Mandates and emergency regulations and ordinances passed by the Hoonah City Council designed to protect residents, I 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 AS 12.55.035 and AS 12.55.135. I understand that if I or a household member need urgent medical care (e.g., have difficulty breathing), I need to call 9-1-1 and let the dispatcher know my travel history.

SIGNATURE: _____ DATE _____