

## **Certification of Quarantine Agreement**

The Village of Iliamna has implemented emergency provisions to protect the health and wellbeing of our community from the spread of COVID-19. As mandated by Village of IliaOrdinance 2020-03, all people arriving are subject to a mandatory 14 day quarantine as defined by Alaska Department of Health and Social Services Health Mandate 10.1. Please list your personal information, and the address or location where you will complete your mandatory quarantine.

For questions please call 907-571-1246 or 907-433-9767. Certification can be submitted via email at ivc@iliamnavc.org, fax at 907-865-7953 or 907-571-3539 or other approved means.

Full Name

| Tun Tune.  |                              |   |
|--|------------------------------|---|
| Home Address or Location:  |                              |   |
| <u>City:</u>   | State:                       | Zip Code:   |
| Tribal Affiliation:  |                              |   |
| <u>Destination</u> Please complete the following fields with information regarding your quarantine location.   |                              |   |
| Address or Location:   |                              |   |
| <u>City:</u>   | State:                       | Zip Code:   |
| Phone Number:  | Other Method of Contact:     |   |
| Additional Notes or Reque<br>Please list any notes, requests, or information relevant to your quarantine period, so may be needed to get groceries, med other services.  | ormation<br>uch as help that | Accompanying Minors:  Please list all minors under the age of 18 who will be traveling with you. Individuals or family members over the age of 18 must complete and submit their own waiver request form. |
| Agreement:   |                              |   |
| I,, hereby agree and certify, under penalty of law, that the information presented on this form is accurate to the fullest extent of my knowledge; and, that I understand and will abide by the mandatory fourteen (14) day quarantine I will undergo, as mandated by law. |                              |   |
| Signature:   |                              | <u>Date:</u>  |