

- Immediate family member of nonresident homeowner: Legal Spouse
- Immediate family member of nonresident homeowner: Child, Sibling, Parent, Grandparent, Grandchild, Stepparent, Stepchild, or Stepsibling.

COVID-19 VIRUS SCREENING METHOD

You must select one option.

- I will obtain a SARS-CoV2 test within 24 hours of arrival in Adak from the Adak Medical Clinic or other licensed provider in the municipality. I will obtain an additional test 7 days after arrival whether within Adak or elsewhere. I will make the proper appointments with the Adak Medical Clinic prior to my arrival and will be responsible for following their procedures, including any payment for services rendered. I agree to provide or authorize my provider to transmit a copy of my results to the City.
- I will complete a 14-day quarantine. I acknowledge this means zero interaction with members of the community including but not limited to other residents, going to the Post Office, City Office, School, Store, Liquor Store, Bar or Restaurant and Airport terminal (except to depart Adak).

AGREEMENT TO FOLLOW COMMUNITY SAFETY LAWS

Initial the following acknowledging your agreement to adhere to local laws.

- ___ I agree to self-screen for symptoms of COVID-19 a minimum of 48 hours prior to travel to Adak.
- ___ I agree to not travel to Adak if symptomatic. You may be denied commercial transport on or off the island if presenting symptoms.
- ___ I agree to wear face coverings as recommended in State Health Alert 010, further required in accordance with City Emergency Ordinance 20-2020-117, when outside personal lodgings and in entering business establishments in Adak.
- ___ I agree to follow all other local ordinances or emergency orders that are in place or may be in the future
- ___ I agree not to enter any residences in Adak other than my own lodging.
- ___ I acknowledge and understand that Adak has limited primary and emergency medical services and capabilities. I understand that I may not be able to receive the level of care that may be available in a larger city/community.

Certificate: Read and Sign: I swear or affirm, under penalty of perjury, that: the above information on this document is true and correct. **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 as 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 12.55.135. You may also be cited for a minor offense under local ordinance and subject to a \$500 fine. You also affirm and acknowledge that if the property you are staying in is participating in the Municipal Utilities Vacancy Rate program that the unit will be put into occupied account status.

SIGNATURE: _____ DATE: _____