



Government of Nunavut

Office of the Chief Public Health Officer
Department of Health
P.O. Box 1000, Iqaluit, NU X0A 0H0

Request for travel exemption due to critical employment need

When complete, please email your application to CPHOTravelRequests@gov.nu.ca with subject line 'CRITICAL EMPLOYEE' and your anticipated travel date.

www.gov.nu.ca/health
cphotravelrequests@gov.nu.ca

Date of Request

First name, Last Name		Date of Birth (MM/DD/YYYY)	
Reason for critical employment need (i.e., please state your profession; front line health-care provider, RCMP, etc.):			
Employer:			
Approximate date of travel to Nunavut		Location of work (in Nunavut):	
List all cities/provinces/territories/countries where you have stayed over the last three weeks:			
Do you have any known exposure to COVID-19?		Yes	No
Are you symptomatic (fever, short of breath, cough)?		Yes	No
Do you agree to the following self-isolation measures outside of working hours?			
1. Not visiting any local/retail stores:	Yes	No	Initials: _____
2. Avoiding all gatherings/events:	Yes	No	Initials: _____
3. Remaining isolated in room/house/hotel:	Yes	No	Initials: _____
4. Maintaining social distancing (two meters):	Yes	No	Initials: _____

Please read carefully. By signing this application, I declare the following: the information in this application and in any attachment is true and accurate; I understand that if I choose to complete and submit this application electronically it will be equivalent to an electronic signature, and will be treated in the same manner as if I had signed and submitted it through other means.

Printed employee name: _____

Employee signature: _____

Date (yyyy-mm-dd)

Approved by CPHO or DCPHO: Yes No Initials: _____

Monitor closely for symptoms and immediately call the health center if you develop symptoms