



## Request for travel exemption due to critical employment or compassionate need

When complete, please email your application to [CPHOTravelRequests@gov.nu.ca](mailto:CPHOTravelRequests@gov.nu.ca) with subject line 'EXEMPTION REQUEST' and your anticipated travel date.

① Date of Submission (DD-MM-YYYY)

\_\_\_\_\_

### Personal information

Last name

First name

Date of Birth (DD-MM-YYYY)

\_\_\_\_\_

### Employment information

② **Category\* and reason for exemption** (indicate the category of exemption you are requesting, and the reason it is critical)

\*Descriptions of each category may be found on page 2.

Government of Nunavut (GN) critical employment

Physician

Non-GN critical employment

Compassionate exemption

Non-GN critical trades employment

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

③ **Employer**

\_\_\_\_\_

④ **Location of Work** (in Nunavut)

\_\_\_\_\_

### Travel information

⑤ **Travel date into Nunavut** (DD-MM-YYYY)

\_\_\_\_\_

Please note: the date must correspond with the approved critical traveller days.

**Departure Point** (flying from)

Ottawa

Yellowknife

Other (please specify)

⑥ **Hometown**

\_\_\_\_\_

Winnipeg

Edmonton

⑦ **Travel History**

Please state each travel location you visited in the **last three weeks**, and the dates you were in each location. If you travelled internationally, please include your destination as well as any layovers that occurred during your travel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Health information

Do you have any known exposure to COVID19?  Yes  No

Are you symptomatic (fever, short of breath, cough)?  Yes  No

## Agreement to self-isolation measures

### ⑧ 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: \_\_\_\_\_

### ⑨ Declaration

**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. Providing misleading or false information in response to these questions or to the office of the Chief Public Health Officer constitutes a breach of the Travel Restriction Order and can be punishable by a \$575 fine.

**Printed employee name:** \_\_\_\_\_

**Employee signature:** \_\_\_\_\_

 **Monitor closely for symptoms and immediately call the health centre if you develop symptoms.**

## Categories of exemptions

The following definitions are meant as a general guideline, and must be accompanied by a rationale as to why the request for exemption is critical. No position is deemed critical by nature of its job title alone.

**Government of Nunavut exempted workers:** a Government of Nunavut-employed worker who is required urgently in the territory because his or her work is essential.

**Non-GN Essential Trades:** A Red Seal or Red Seal-Equivalent tradesperson who is required to perform essential work in the territory. "Red Seal-Equivalent" means a worker who is on Red Seal Apprenticeship Track and who been prevented from taking the Red Seal exam due to COVID-19.

**Non-GN Exempted Workers:** A worker, employed by an employer other than the Government of Nunavut, who is required urgently in the territory because his or her work and/or skills are considered essential and unfillable by another worker in the territory.

**Physicians:** Medical doctors who are required urgently in the territory.

**Compassionate:** Individuals who require urgent entry to the territory in order to attend to a sick immediate family member; to visit with a dying immediate family member; or attend the funeral of an immediate family member.

## Instructions for completing this form

To ensure that requests can be processed in a timely fashion, please ensure that all parts of this form are completed as instructed. Incomplete forms may result in a delay in processing. **Important: this form must be submitted within 7 days of your travel to Nunavut.** Please **allow up to 2 business days** for processing. Note that you have to receive a signed CPHO travel authorization letter to board your flight. This letter is valid for 7 days after receipt.

**Once approved, you will receive a travel agreement for contact tracing and enforcement purposes that must be signed.**