



Government of Nunavut

Office of the Chief Public Health Officer
Department of Health
P.O. Box 1000, Iqaluit, NU X0A 0H0
www.gov.nu.ca/health

Isolation Reservation Request Form

Every adult (18 years of age or older) must complete an Isolation Reservation Request Form.
Adults and families traveling in the same group who plan to isolate together must submit their forms in one email submission.
Travellers who enter isolation with pets bear full responsibility for the animal's welfare and all applicable costs and fees associated with their pet.

Date of Request: (MM/DD/YYYY)

Resident of Nunavut: Yes No

PART A: Isolation Applicant Information <i>One form must be completed per adult (18 years of age or older)</i>		
Full Name (name must match identification to be used for travel)	Date of Birth (MM/DD/YYYY)	
Name of Employer and Position Title	Employee Primary Contact Number(s)	
Personal Email Address	Return Destination Community (within Nunavut)	
Mailing Address in Community (Apt., house#, street, P.O. Box)	Dietary Restrictions	
I am travelling with other adult(s): No Yes <i>If yes, please provide the name of other adult(s) you are requesting to isolate with:</i>		
List all dependent <u>children</u> travelling in your group (name & date of birth)		
PART B: Nunavut Travel Information <i>Airline reservations must be confirmed; i.e., standby or buddy pass tickets are NOT ACCEPTED</i>		
Airline Reservation Code for Return Ticket to Nunavut:		
Departure Date from Nunavut (MM/DD/YYYY):	Return Date to Nunavut (MM/DD/YYYY):	
Southern point of entry into Nunavut: <i>(This is the city you are required to isolate in. Return travel must be directly from point of isolation to Nunavut.)</i>		
Ottawa	Winnipeg	Edmonton
Please provide any additional information you feel is required for your isolation reservation to be processed:		
PART C: Declaration		
Please read carefully. By signing this application, I declare 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.		
Signature of Applicant:	Date: (MM/DD/YYYY)	

Submit completed form(s) to: NUisolationreservations@Nunavutcare.ca

An isolation reservation confirmation letter will be emailed to the address provided within 3 business days.