



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

## Pre-Isolation Check-In Form

Seven (7) days prior to your isolation check-in date complete and submit form to: [NUisolationreservations@Nunavutcare.ca](mailto:NUisolationreservations@Nunavutcare.ca)

Every adult (18 years of age or older) must complete and submit a Pre-Isolation Check-In Form.

Adults and families traveling in the same group who plan to isolate together must submit their forms in one email submission.

Isolation Check-In Date:

Isolation Reservation Number:

PART A: Isolation Applicant Information <i>One form must be completed per adult (18 years of age or older)</i>		
<i>Full Name (name must match identification to be used for travel)</i>	<i>Date of Birth (MM/DD/YYYY)</i>	
<input type="text"/>	<input type="text"/>	
PART B: Travel History		
<i>Please list every city you visited while traveling outside of Nunavut, and the dates you were in each location. If you traveled internationally, please include your destination as well as any layovers that occurred during your travel:</i>		
<input type="text"/>		
PART C: COVID 19 Screening		
In the past 14 days, have you traveled outside of Canada?	Yes	No
Do you have any known exposure to COVID-19?	Yes	No
Are you symptomatic (fever, short of breath, cough)?	Yes	No
PART C: Declaration		
<i>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.</i>		
<i>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.</i>		
Signature of Applicant:	Date: (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	

Failure to complete and submit a **Pre-Isolation Check-In Form** may delay your check-in date for isolation.