

## Exemption for Fully Vaccinated Travellers Traveller's Declaration

If you are fully vaccinated, you may choose to be exempted from the isolation requirement under the current Nunavut Travel Restriction Order. You are considered fully vaccinated two weeks after the final dose of COVID-19 vaccine.

All vaccinated travellers intending to travel to Nunavut must complete this declaration and submit it to [vaccineexemptions@gov.nu.ca](mailto:vaccineexemptions@gov.nu.ca) in order to receive a letter of authorization permitting travel and present it to the air carrier upon check-in for verification.

Travellers must sign a legally-binding declaration of vaccination stating they are fully vaccinated with a Health Canada approved vaccine. Declarations will be audited on a regular basis to verify compliance and false declarations may result in fines.

All travellers entering Canada must follow requirements under the current federal quarantine program before applying to come to Nunavut.

### Information Required

<b>Legal First Name</b>	<b>Legal Last Name</b>
<b>Date of Birth</b>	<b>Legal Gender: (M/F/Other)</b>
<b>What was the date of your final dose?</b>	
<b>Did you receive your vaccine in Nunavut?</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<b>If no, where did you receive your vaccine? *</b>	

\*If you were not vaccinated in Nunavut, you must provide verifiable evidence to the Department of Health, through [vaccineexemptions@gov.nu.ca](mailto:vaccineexemptions@gov.nu.ca), showing that you are fully vaccinated with a Health Canada approved vaccine. Your exemption request will not be processed until you provide evidence of vaccination.

### Declaration of Traveller

1. I \_\_\_\_\_ intend to travel to \_\_\_\_\_  
(community) on \_\_\_\_\_(date).
2. I am fully vaccinated. I understand that I am only fully vaccinated two weeks after the final dose of a Health Canada approved COVID-19 vaccine.
3. I understand I may be asked to provide proof of vaccination during my travels (i.e., your vaccine card).

4. I understand that making a false declaration is a breach of the Travel Restriction Order and I could be fined \$575.
5. I understand that I may be asked to isolate upon my return to Nunavut. These reasons may include:
  - a. I am waiting for a COVID-19 test result;
  - b. I am a contact of COVID-19; or
  - c. I have been diagnosed with COVID-19.
6. I understand that if I am isolating for any of these other reasons, I follow the instructions given to me by the Department of Health.
7. I understand that I must wear a mask for 14 days upon arrival in Nunavut, regardless of current public health measures in my destination community.

**Consent (you must consent to all)**

- I consent to verification of my vaccination status by the Department of Health using the information provided above.
- I agree to provide any further information needed to confirm my vaccination status, including my health care insurance plan number to the Government of Nunavut upon request.
- I consent to disclosure of this declaration to compliance and enforcement officials for the purpose of enforcing orders made under the *Public Health Act*. This includes your name, address, phone number and email (if applicable).
- I agree that if I withdraw my consent to verification or if I am informed by the Government of Nunavut that my vaccination status was not confirmed, I will isolate as instructed by an official of the Government of Nunavut.
- I consent to the collection of the Contact Tracing Information set out below.

**Contact Tracing Information**

The following information is collected pursuant to section 17 (1) of the *Public Health Act* and will be used to contact the Traveller in the event of an outbreak of novel coronavirus COVID-19, or where the Chief Public Health Officer has reasonable grounds to believe that the Traveller may have been exposed to novel coronavirus COVID-19.

Traveller's Permanent Address: \_\_\_\_\_

Traveller's Address in Nunavut: \_\_\_\_\_

*(The name and community of the Traveller's tourist accommodation is acceptable)*

Traveller's Phone Number(s): \_\_\_\_\_

Traveller's E-Mail Address (optional): \_\_\_\_\_

I make this declaration on \_\_\_\_\_ (date) at  
\_\_\_\_\_ (community).

Print Traveller's Name \_\_\_\_\_

Traveller's Signature \_\_\_\_\_

**Privacy Notice**

The information on this form is personal information and is protected by the *Access to Information and Protection of Privacy Act* and the *Public Health Act*. If you have questions about how the Government of Nunavut collects, uses, and discloses personal information, contact the Office of the Chief Public Health Officer or the Territorial ATIPP Office at [atipp@gov.nu.ca](mailto:atipp@gov.nu.ca).