

Fort Nelson First Nation – COVID-19 Policy – Controlled Community Access Policy <u>Health Check-Point Registration Form:</u> for Extended-Stay-Immediate-Family Visitors and Non-FNFN Workers working on Reserve

Name (first and last):				
Names of individuals travel				
Where are you traveling from?				
Address (Resident/Business				
Purpose of your visit/work	type?			
Your phone number:			Arrival date:	
Resident/Business ph. #:			Departure date:	
REMINDER: 1. Everyone must	wear a mask in all public ind	oor settings and work	olaces: 2. No social s	gatherings of any
REMINDER: 1. Everyone must wear a mask in all public indoor settings and workplaces; 2. No social gatherings of any size with anyone other than your household or core bubble; 3. All non-essential travel should be avoided. This includes				
travelinto and out of B.C. and between regions of the province.				
INFORMATION: Upon arrival to our community any person(s) without a Registered VISITOR or NON-FNFN WORKER				
pass who refuses to provide details to our requests for information will be refused entry – NO EXCEPTIONS.				
Information from those entering must be verified. Any person(s) who become rude, angry, belligerent, or physical with				
Check-Point Staff will be removed.				
Covid-19 EXPOSURE DETAILS: Prior to Submitting the form please answer the following questions: 1. Have you or any of your passengers travelled outside our Traditional Territory in the past 14				
 Have you or any of your p days? 	assengers travelled outside	our Traditional Territ	tory in the past 14	YES NO
2. Have you or any of your passengers travelled outside the country in the past 14 days?				
YES NO				
If you answered "YES" to the above question please follow guidelines outlined on the ArriveCAN website by following				
the link: https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19/arrivecan.html				
3. Do you or any of your passengers have any key symptoms related to Covid-19 as outlined on				
the BC Center for Disease Control website?				YES NO
A full list of key symptoms can be found on the BC CDC website by following the link:				
http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/symptoms				
4. Have you or any of your passengers been in contact with a known or probable case of COVID-19				
in the past 14 days?				YES NO
If you have been in contact w	•	•	• •	
past 14 days, or the known ca				
If you answered yes to #3, or #4, please make alternate travel arrangements and do not attend our community at this				
time, and please follow Public Health guidance and call 8-1-1.				
5. Acknowledgement & Agreem	nent: I affirm that I have answe	red these questions trut	:hfully and I will take ap	propriate measures to
maintain community health while visiting Fort Nelson First Nation, and I further agree that I am responsible for the passengers				
that I bring with me to the community and that I am responsible to make them aware of the community's requirements for				
visitors. By submitting this form I agree to abide by the rules.				
Signature: Date:				
	submit this travel questions			
Please submit this travel questionnaire to both emails ahead of your visit. E-mail: checkpoint@fnnation.ca & rhonda.mathison@fnnation.ca				
Or call FNFN Administration: 250-774-7257 or Health Centre: 250-774-2300				