APPLICATION FOR ATTENDANCE DURING EMERGENCY MEASURES (COVID-19)

In an effort to protect the Kitasoo/Xai'Xais Nation and community of Klemtu, the Chief and Council have adopted Emergency Measures to prevent the spreading of contagious and infectious diseases. These measures are outlined in Kitasoo Indian Band By-Law No: 16-05-20-002 enacted on May 16, 2020.

As a result of these measures no person, whether a member or non-member of the Kitasoo Indian band who is not an essential worker, may enter the community unless, prior to entering or reentering the community, such person obtains advance approval through this process.

Once this application has been completed and returned to the Council, it will be reviewed by a panel appointed by the Chief and Council. This panel represents an independent review of the relevant circumstances with the health and wellbeing of the community at the core of the decision-making process. Once a decision has been made you will be notified by Council and the appropriate next steps will follow thereafter.

- ***Please print clearly and answer all relevant questions
- ***This application must be completed by all persons wanting to attend Parents can complete on behalf of their minor children
- ***We appreciate that appropriate technology may not always be available, therefore please make every reasonable effort to clearly answer all of the questions by any available means

Name:	
Address:	
City/Province:	Postal Code:
Phone:	Phone:
Email:	
Residents/Members (please complete if you ARE	
Are you a resident/member of Klemtu/Kitas	oo Band? □ Yes □ No
What date did you leave Klemtu?	
What date do you plan on returning to Klem	ntu?
What was the reason for your departure? _	
What is the reason for your return?	
Do you have relatives in Klemtu? (if so, plea	se list their address, relation and do you live with them?)

Non-Residents/Members (please complete if you	u are NOT a member of The Kitasoo Band or Resident of Klemtu)	
What date do you plan on arriving in Klemtu	u?	
How long do you plan on staying? (include d	late of departure)	
What is the reason for you visit?	,	
What is the reason for you visit:		
Who is your point of contact within the com	munity?	
Do you have relatives in Klemtu? (if so, please	se list their address, relation and do you live with them?)
Screening Questions Do you have any of the following new or we	orsening symptoms or signs?	
,		
New or worsening cough Shortness of breath	☐ Yes ☐ No ☐ Yes ☐ No	
Sore Throat	□ Yes □ No	
Runny nose, sneezing or nasal congestion	(in absence of underlying reasons for symptoms such as seasonal allergies and post nasal d	rip)
	□ Yes □ No	
Hoarse Voice	☐ Yes ☐ No	
Difficulty Swallowing New smell or taste disorders	☐ Yes ☐ No ☐ Yes ☐ No	
Nausea/vomiting, diarrhea, abdominal pain	•	
Unexplained fatigue/malaise	□ Yes □ No	
Chills	□ Yes □ No	
Headache	□ Yes □ No	
Have you traveled outside of Canada or had outside of Canada in the last 14 days?	d close contact with anyone that has travelled ☐ Yes ☐ No	
Do you have a fever?	□ Yes □ No	
Have you had close contact with anyone wi case of COVID-19?	th a respiratory illness of a confirmed or probable ☐ Yes ☐ No	

Have you been routinely wearing the recommended Personal Protective Equipment? (e.g. gloves, N or KN95 masks, etc) ☐ Yes ☐ No					
Have you been in the presence of at-risk persons? ☐ Yes ☐ No (if yes, describe below)					
Do you have any pre-ex	kisting health conditions	s? □ Yes □ No (if ye	es, describe below)		
Are you currently on any	y medication?	☐ Yes ☐ No (if ye	es, describe below)		
Are you undergoing any	r treatment?	☐ Yes ☐ No (if ye	es, describe below)		
Self Quarantine / Isola	tion				
	Exposure to virus	Why	How long		
Self-Quarentine: (aka "shelter in place" or "stay at home"	No (or not yet)	Protect self and other from contagion	14 days from suspected exposure to virus – or as long as warranted/required		
Quarantine	Yes (or suspected)	Protect other from contagion	14 days from (suspected) exposure to virus		
Isolation	Yes, and sick	Protect others from contagion	Until no longer sick – plus 2 days		
Are you willing to sign a Do you have a location			es □ No es, describe below)		
Do you have accommod	dations after Quarantine	e? □ Yes □ No (if ye	es, describe below)		
Will you be arriving in K	lemtu with a vehicle?	□ Yes □ No (if ye	es, describe below)		

For more information about COVID-19:

- First nations Health Authority https://www.fnha.ca/what-we-do/communicable-diseasecontrol/coronavirus
- BC Centre for Disease Control http://covid-19.bccdc.ca/
- Kitasoo/Xai'Xais Nation https://klemtu.com/

For Evaluation Purposes Only	
Name:	
Should the Applicant be permitted to attend Klemtu?	□ Yes □ No
Recommendation/Conditions:	
Signature: Date:	