



Declaration for Entry to Yukon

Option A: Exemption for Fully Vaccinated Travellers

(one form per person of legal age) Fill out both sides of form

Name			Email			Phone		
Date and time of entry			Licence plate number or airline and flight number					
Identification type								
Do you have an approved alternate self-isolation plan?								
<input type="checkbox"/> Yes – Provide details or personal identification number: _____ _____								
<input type="checkbox"/> No								
Name(s) of any minors accompanying you								
Address of ordinary place of residence								
<input type="checkbox"/> Northwest Territories		<input type="checkbox"/> Nunavut		<input type="checkbox"/> British Columbia		<input type="checkbox"/> Prince Edward Island		
<input type="checkbox"/> Saskatchewan		<input type="checkbox"/> Manitoba		<input type="checkbox"/> Ontario		<input type="checkbox"/> New Brunswick		
<input type="checkbox"/> Newfoundland/Labrador		<input type="checkbox"/> Quebec		<input type="checkbox"/> Alberta		<input type="checkbox"/> Nova Scotia		
<input type="checkbox"/> Yukon		<input type="checkbox"/> State: _____		<input type="checkbox"/> Other: _____				
Address: _____								
Purpose for entering Yukon								
<input type="checkbox"/> Resident of Yukon			<input type="checkbox"/> Transiting (please complete Section C)			<input type="checkbox"/> Re-locating		
<input type="checkbox"/> Work –non-critical			<input type="checkbox"/> Visiting/Tourism/Education					
<input type="checkbox"/> Work - Critical (non-resident) – Indicate WHAT service you are providing and WHERE you are providing it below: _____								
Point of entry								
<input type="checkbox"/> Watson Lake, YT			<input type="checkbox"/> Whitehorse International Airport			<input type="checkbox"/> Beaver Creek, YT (Customs)		
<input type="checkbox"/> Fraser, BC (Customs-Skagway)			<input type="checkbox"/> Pleasant Camp, BC (Customs-Haines)			<input type="checkbox"/> Junction 37, YT (Stewart Cassiar Hwy)		
<input type="checkbox"/> Dempster Highway			<input type="checkbox"/> Atlin, BC			<input type="checkbox"/> Other: _____		
Planned point of exit if transiting through Yukon								
<input type="checkbox"/> Watson Lake, YT			<input type="checkbox"/> Whitehorse International Airport			<input type="checkbox"/> Beaver Creek, YT (Customs)		
<input type="checkbox"/> Fraser, BC (Customs-Skagway)			<input type="checkbox"/> Pleasant Camp, BC (Customs-Haines)			<input type="checkbox"/> Junction 37, YT (Stewart Cassiar Hwy)		
<input type="checkbox"/> Dempster Highway			<input type="checkbox"/> Atlin, BC			<input type="checkbox"/> Other: _____		
Indicate everywhere you have stayed overnight and/or had contact with people outside of your travel party in the last 14 days								
<input type="checkbox"/> Northwest Territories		<input type="checkbox"/> Nunavut		<input type="checkbox"/> British Columbia		<input type="checkbox"/> Price Edward Island		
<input type="checkbox"/> Saskatchewan		<input type="checkbox"/> Manitoba		<input type="checkbox"/> Ontario		<input type="checkbox"/> New Brunswick		
<input type="checkbox"/> Newfoundland/Labrador		<input type="checkbox"/> Quebec		<input type="checkbox"/> Alberta		<input type="checkbox"/> Nova Scotia		
<input type="checkbox"/> Yukon		<input type="checkbox"/> International: _____						
Towns/Cities: _____								

Are you experiencing any symptoms consistent with COVID-19?								
<input type="checkbox"/> Yes (you are required to self-isolate, call 811 and/or seek medical advice) <input type="checkbox"/> No								
If you are fully vaccinated, you may choose to be exempted from the self-isolation requirement. Do you choose to be exempt from self-isolation?								
<input type="checkbox"/> Yes (see application at Section A)								
<input type="checkbox"/> No (you must self-isolate – complete Section B if staying in Yukon or Section C if transiting through)								



SECTION A: Exemption for Fully Vaccinated Travelers Staying in Yukon

If you are fully vaccinated, you may choose to be exempted from the self-isolation requirement by completing and signing the declaration below.

Being “fully vaccinated” means that you have received, more than 14 days before you enter Yukon, the final dose of a COVID-19 vaccine approved for use in Canada.

Additional Information:

Legal First Name	Legal Last Name
Date of Birth	Legal Gender: (M/F/Other)
Did you receive more than 14 days ago the final dose of a COVID-19 vaccine approved for use in Canada?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the final dose received in Yukon or British Columbia?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

***If you did not receive your final dose in Yukon or British Columbia, you must, no later than 24 hours after you enter Yukon, provide verifiable evidence showing that you are fully vaccinated to Yukon’s Department of Health and Social Services. Details will be confirmed separately.**

CONSENT (*you must consent to all)

- I consent to verification of my vaccination status by the Department of Health and Social Services, Government of Yukon using the information provided above and the record of vaccination I provide (if applicable).
- I agree to provide any further information needed to confirm my vaccination status, including my health care insurance plan number to Government of Yukon upon request.
- I consent to disclosure of this declaration to law enforcement officials for the purpose of enforcing ministerial orders made under the Civil Emergency Measures Act.
- I agree that if I do not provide the information requested, if I withdraw my consent to verification or if I am informed by the Government of Yukon that my vaccination status was not confirmed, I will self-isolate as instructed by an official of the Government of Yukon.

ACKNOWLEDGEMENT OF DECLARATION

I am aware that, in order to be exempted from the requirement to self-isolate for 14 days after entering Yukon, I am legally required to:

- attest that I was fully vaccinated more than 14 days before I enter Yukon;
- provide evidence that I was fully vaccinated more than 14 days before I entered Yukon if I was vaccinated outside of Yukon or BC;
- provide any additional information required to confirm my vaccination status;
- consent to the verification of my vaccination status by Government of Yukon health officials;
- consent to disclosure of this declaration for law enforcement purposes;

I am aware that I must:

- follow the advice of the Yukon Chief Medical Officer of Health, including seeking medical advice should I or any of my dependents exhibit symptoms that are consistent with COVID-19 and comply with that advice;
- act in accordance with the declaration I made upon entry to Yukon and any enforcement orders or health emergency orders related to COVID-19; and
- if I am informed by an official of the Government of Yukon that my vaccination status was not confirmed, self-isolate for the period of time I am instructed self-isolate by that person;



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I hereby declare that I have provided accurate and complete answers to all questions to the best of my knowledge.

I am aware that making a false declaration or failing to comply with any of the above requirements or constitute punishable offences, with fines of up to \$500 and/or 6 months of incarceration per offense.

Your personal information is being collected for the purpose of enforcing, monitoring and administering the Ministerial Order(s) made under the Civil Emergency Measures Act pursuant to the state of emergency declared on March 27, 2020 (Order-in-Council 2020/61) and for the purpose of communicable disease surveillance.

Our legal authority for collecting your personal information is found in the Access to Information and Protection of Privacy Act section 15 and the Civil Emergency Measures Act, and the state of emergency and Ministerial Orders made under that Act related to the declared state of emergency.

For further information, contact the Emergency Coordination Center at emo.yukon@gov.yk.ca, (867) 667-5220. Toll free within Yukon 1-866-985-6636, or in person at 60 Norseman Road, Whitehorse YT, Y1A 0M7.

Signature: _____

Print Name: _____

Date: _____