

## Returning International Travel Evaluation

Travel was:  University Sponsored  Personal  Combined

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Employee ID: \_\_\_\_\_

DOB: \_\_\_\_\_ ULINK ID: \_\_\_\_\_

Dept or School: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Facilities where you will be going to for work or school:

- |  |  |
|--|--|
| <input type="checkbox"/> HSC Campus          | <input type="checkbox"/> Norton Healthcare-All Locations |
| <input type="checkbox"/> Belknap Campus      | <input type="checkbox"/> Frazier Rehab Hospital          |
| <input type="checkbox"/> Shelby Campus       | <input type="checkbox"/> VA Hospital                     |
| <input type="checkbox"/> University Hospital | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Jewish Hospital     |  |

### Traveler's History

Countries Visited: \_\_\_\_\_

Date left Country for each country: \_\_\_\_\_

Was anyone ill that you visited or traveled with? \_\_\_\_\_

Do you currently have any of the following symptoms?

- |   |   |
|---|---|
| <input type="checkbox"/> Cough          | <input type="checkbox"/> Sputum production    |
| <input type="checkbox"/> Fever          | <input type="checkbox"/> Vomiting or Diarrhea |
| <input type="checkbox"/> Nasal drainage | <input type="checkbox"/> Other: _____         |

### Recommendations:

- Cleared to return to work or clinical activities
- Recommended for self-isolation for 14 days
- Recommended for self-isolation and additional testing

Notes:

Notification: \_\_\_\_\_ was notified at \_\_\_\_\_ of recommendations.

Provider: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_