

Returning International Travel Evaluation

First Name: _____ MI: _____ Last Name: _____

Address: _____

DOB: _____

ULINK ID: _____

Home Department or School: _____

Cell Phone Number: _____

Facility you are going to be working in:

HSC Campus

Frazier Rehab

University

VA

Jewish

Other: _____

Norton Downtown

Traveler's History

Countries Visited: _____

Date left Country: _____

Is anyone ill that you visited or traveled with? _____

Do you currently have any of the following symptoms?

Cough Fever Nasal drainage Sputum production _____

Recommendations:

Cleared to return to work or clinical activities

Recommended for self-isolation for 14 days

Recommended for self-isolation and additional testing

Notification: _____ was notified at _____ of recommendations.

Provider: _____ Date: _____ Time: _____