



Employee Travel Questionnaire

Following any personal or business travel, please complete the information below prior to returning to work.

DO NOT return to work without prior authorization from your manager.

Employee Name _____	Location _____
Supervisor Name _____	Date _____

1. Where have you traveled within the USA or internationally in the last 14 days?

Cities and States/Countries Visited _____

Length of Stay _____

Return Date _____

2. Do you believe you may have been exposed to the COVID-19 Coronavirus?

Yes No

3. Are you currently experiencing any symptoms related to the COVID-19 Coronavirus? Please mark all that apply.

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Headache | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Dry Cough | <input type="checkbox"/> Body Aches | <input type="checkbox"/> Sudden Loss of Taste or Smell |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Other _____ |

4. Please list below the type of activities you engaged in during your travel.

Hotels/Residences Visited Public/Private	Locations Visited Restaurants or Events Attended	COVID-19 Prevention Measures Maintained Social Distancing, Face Covering, Hand Washing, etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Please include any additional information pertinent to your recent travel below.