



TRAVEL FORM

To be completed by staff and Manager and forwarded to ohs@tbh.net subject TRAVEL

NAME:

CONTACT #:

DEPARTMENT:

MANAGER:

TRAVEL DATE:

TRAVEL DESTINATION:

RETURN DATE TO THUNDER BAY:

NEXT SCHEDULED SHIFT:

Please read and sign below acknowledging hospital expectations in relation to COVID-19 safety practices and procedures:

During my travel, I will follow government recommendations to prevent COVID-19 spread. Upon return to work, I will:

- Abide by all TBRHSC policies/procedures related to PPE expectations.
- Complete the screening app/document prior to each shift.
- Practice physical distancing, hand hygiene, cough and sneezing etiquette and wearing the appropriate mask at all times.
- Should I develop COVID related symptoms I am to follow the sick process, notify my manager and OHS and expect to be tested for COVID. I will remain off work until I have been symptom free for 24 hours and have tested negative.
- Self-isolate for 7 days if travelling outside of Northwestern Ontario.
- Self-isolate for 14 days if travelling internationally.
- ***The additional periods of isolation must been approved by my manager.***

Staff Signature

Date

Manager Signature

Date

OHS to complete:

Form received in OHS (date): _____

COVID Test required: yes no Date of Test: _____ Result: _____

Self Isolation required: yes no Start date: _____ RTW Date: _____

OHS Signature

Date