



### INTERNATIONAL TRAVEL FORM

To be completed by staff and Manager and forwarded to [ohs@tbh.net](mailto: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 14 days if travelling internationally, unless cleared by ARRIVEcan to not isolate (this exception must be shown and approved by OHS) ***Any 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