

980 rue Oliver Road Thunder Bay ON P7B 6V4 Canada

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INTERNATIONAL TRAVEL FORM

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

NAME:	CONTACT #:
DEPARTMENT:	MANAGER:

TRAVEL DATE: **RETURN DATE TO THUNDER BAY:**

TRAVEL DESTINATION: 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.

l'université Lakehead, à l'École de médecine du Nord de l'Ontario et au collège Confédération.

- Practice physical distancing, hand hygiene, cough and sneezing etiquette and wearing ٠ 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:yesno Date of Test:	Result:		
Self Isolation required:yesno Start date:	RTW	Date:	
OHS Signature	Date		
Bay Regional Health Sciences Centre is a leader in Patient and Family Centred Care and a re hospital proudly affiliated with Lakehead University, the Northern Ontario School of Medic ration College.			
r adion conege. e régional des sciences de la santé de Thunder Bay, un hôpital d'enseignement et de recherch n leader dans la prestation de soins et de services aux patients et aux familles et est fier de sc		healthy together	En sante