



INTERNATIONAL TRAVEL FORM

To be completed by staff and Manager and forwarded to ohs@tbh.net, with 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-19 related symptoms I am to follow the sick process, notify my manager and OHS and expect to be tested for COVID-19. I will remain off work until I have been symptom free for 24 hours and have tested negative.
- **Vaccinated Staff:**
 - Self-isolate until cleared by ArriveCan and provide proof of clearance to OHS; timeframes for fully vaccinated ArriveCAN process is roughly 1-5 days. As such you will be required to book a minimum of **5 days** off upon return to Canada to allow for the ArriveCan Process. **Any additional periods of isolation must be approved by my manager.**
 - Complete the required Covid-19 testing on day 8 after returning to Canada, arranged by OH&S at the Assessment Centre and consent to OH&S accessing the results of this test.
- **Unvaccinated Staff:**
 - The ArriveCAN process for unvaccinated individuals currently requires a 14 day isolation. As such you will be required to book off an adequate amount of time to complete this isolation period.
 - Complete the required Covid-19 testing on the last day of your isolation period, arranged by OH&S at the Assessment Centre and consent to OH&S accessing the results of this test.

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