



Healthcare Worker Travel Notice

This form only needs to be completed if there is domestic/international travel via commercial means (not personal vehicle).

Name:		Date:	
Department:	Emp #:	Job Title:	
Home phone:		Cell phone:	
Please list the cities and countries you will visit, along with dates:			
City/Country: _____		from: ____/____/____	to: ____/____/____
City/Country: _____		from: ____/____/____	to: ____/____/____
City/Country: _____		from: ____/____/____	to: ____/____/____
Please list all major airport hubs that you transitioned through:			
What is the purpose of your visit?			
Have you been fully vaccinated against COVID-19? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, list the COVID-19 vaccine type/manufacture and date(s) of vaccination:			
TYPE/MANUFACTURER		DATE OF VACCINATION	
1. _____		_____	
2. _____		_____	

This travel notice is intended for all travel outside of your regular commuting to work via commercial means (not personal vehicle).

Please forward to occupationalhealth@chkd.org or by fax to (757) 668 8775.