

COVID-19 TRAVEL DISCLOSURE FORM

Employee Name:	
Date:	
State or Country you will be traveling to:	
Dates of Travel:	
Means of Transportation:	
During your travel will you be doing any of the following?	
<input type="radio"/> Attending a family gathering.	
<input type="radio"/> Eating inside or outside a restaurant.	
<input type="radio"/> Attending a religious service.	
<input type="radio"/> Going to a gym.	
<input type="radio"/> Going to a sports stadium.	
<input type="radio"/> Attending a wedding or a funeral.	
<input type="radio"/> Other: Please Describe:	