**UCP COVID-19 Travel Request**

This form is intended for domestic travel only. Any international travel requests should be made directly to HESS, along with requests for field campaigns or hazardous travel. A special Job Hazard Assessment (JHA) and additional approval will need to be completed.

Per UCAR’s Yellow Phase Guidance, while travel is permitted, it is still highly encouraged that conferences and other events are attended virtually.

**Traveler Information**

Name:

Program:

Dates of Travel:

Date of Request:

**Purpose of Travel**

Please provide the following information.

Location:

Name of conference or event (if applicable):

Purpose of travel (please specify why it is important for you to attend this activity in person vs. virtually):

Name of collaborating with entity (if applicable):

**Voluntary Disclosure of Vaccination Status**

Please use this area to disclose vaccination status. This disclosure is completely voluntary, staff that do not wish to disclose will be considered unvaccinated. \*Unvaccinated staff must abide by CDC recommendations for unvaccinated travelers. \*

Fully vaccinated (2 weeks after final shot)

Partially vaccinated

Not vaccinated

Prefer not to answer

JHA completed with HESS (if applicable)

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**COVID-19 Associated Protocols**

Does the hosting site or facility have a COVID-19 safety plan and/or specific visitor restrictions? Yes No

If host facility’s COVID-19 and general health and safety plans are available, have you read the plans, and do you agree to abide by them?

Yes No

Does the hosting site or facility have any testing and/or quarantine requirements? Yes No

If yes, please summarize details on the testing and/or quarantine requirements below:

I will acknowledge and abide by any protocols, restrictions, and requirements put in place by any airline or ground transportation provider in association with this travel. (initial)

I have reviewed the CDC restrictions for the location(s) I am travelling. (initial)

I have identified emergency medical facilities near the travel location in the case I become ill. (initial)

I have identified a COVID-19 testing facility near the travel location. (Initial)

**Travel Timeline/Itinerary**

Please see the sample information in the table below. Add in your own travel plans in the empty table below it. We understand you may not know your exact itinerary until your request is approved and travel booked; please do your best to let us know the dates you intend to travel.

|  |  |  |
| --- | --- | --- |
| **Date**  | **Duration**  | **Activity** |
| February 22  | 1 day  | Travel to Location |
| February 23  | 7 days  | Attending X conference |
| March 1  | 1 day  | Return home |

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|  |  |  |
| --- | --- | --- |
| March 2  | 14 days  | Mandatory quarantine before returning work (if unvaccinated)  |

|  |  |  |
| --- | --- | --- |
| **Date**  | **Duration**  | **Activity** |
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**Lodging Plans**

It is recommended that you identify a hotel that has published COVID-19 cleaning and disinfection plans. Other lodging, such as AirBnb or rentals, should only be selected if they specify enhanced COVID-19 cleaning protocols, and are only for individual occupancy (not in a shared setting with others).

*Example response: I will stay at \*Airbnb\* lodging that has guaranteed enhanced cleaning protocols, self-check-in, private entrance/residence, full kitchen, in-unit washer/dryer, and Wi-Fi.*

**Ground Transportation Plans**

*Example Response: I will rent a single Hertz vehicle for local travel.*

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**Required COVID Protocols**

The same safety guidelines determined by HESS for the Yellow phase for entering buildings are applicable to this travel.

● Self-administered health checks each day

● Follow hygiene instructions and act accordingly (ie, some hosting entities may require proof of vaccination)

● Travelers may use personal judgement with respect to face coverings as long as social distancing can be maintained (or if mandated by hosting entity)

● Staff are to make best efforts of working at a minimum of 6 feet from each other. ● Sanitation:

o Travelers are encouraged to wash hands and/or use hand sanitizer often and liberally after touching public surfaces.

o Pre- and post-access cleaning of shared equipment, tools, instruments is recommended when feasible.

**I have read and understand these guidelines and conditions:**

**General Safety Guidelines**

Staff are encouraged to:

● Wear face masks when indoors or in close proximity to others.

● Visit grocery stores using all safety precautions and purchase food for several days of meals and prepare those meals within their hotel room or other accommodation. ● Avoid eating indoors at restaurants and whenever possible, prepare their own meals, eat in their lodging, get meals to go, or eat outside.

● Follow the most restrictive guidelines associated with minimizing social contact with lodging/restaurant staff and avoid crowds in the lobby and other gathering places. ● Bring their own sanitizer.

● Limit in-room housekeeping service when possible.

● Sanitize touched areas in hotel rooms as much as possible.

**I have read and understand these guidelines:**

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**COVID-19 Contact Incident Procedures**

Travelers who develop COVID-19 symptoms or come into contact with a person suspected of having COVID-19 shall self-isolate in their residence, avoid any contact with other people, and immediately contact their colleague(s) via telephone.

● Stay off site if exhibiting ANY signs of illness regardless of vaccination status. ● If in the field, stop work and return to hotel

● In the event of a suspected case or exposure, the individual will stay in the hotel and await further instructions

● Contact HESS and L/C/P/O Administrator to develop an Exposure Response Plan ● In the event staff experience symptoms

● Staff may need to schedule a virtual visit with a medical provider (personal primary care is okay)

● Staff may also have access to a medical clinic in close proximity to a hotel for urgent or emergency care.

o Travelers may need to confirm coverage for their destination location with their personal insurance before departure.

● Staff will stay in place at their residence if there are signs of illness and will quarantine based on instructions provided in the contact tracing investigation. ● Staff experiencing symptoms may need to visit a local testing site

o Testing may be provided by medical care providers and urgent care clinics listed above.

o Community-based testing site locations will be available through the local health department

o Requesting a testing appointment: Please call the clinic to find out if appointments are necessary and how to make one.

o Follow UCAR and Destination Location Guidance for testing and medical intervention.

**I have read and understand these guidelines and conditions:**

|  |
| --- |
| **Approval** Supervisor: Date Program Director: Date |

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