

UMass Memorial Health Care Employee Travel Form

Today's date: _____

Employee name: _____

Employee ID number: _____

Mobile telephone number: _____

Email address: _____

Job title: _____

Department: _____

Manager/supervisor/program director/chair name: _____

Planned dates of travel: From _____ To _____

Destination(s) and reason for travel: _____

Plan prior to returning to work (*check one*):

- 10-day quarantine (if asymptomatic) **OR** Submission of a negative COVID-19 PCR test result (for a test taken on day 5, 6 or 7 of quarantine) to Employee Health*
- A COVID-19 PCR test done within 72 hours of return-to-work date. You should pick up a test kit prior to departure and provide a sample upon your return. Plan for 24 to 48 hours for result. You will be contacted by Employee Health for clearance to return to work.

I certify that I have informed my manager and Employee Health of my plans to travel to a location not designated as a COVID-19 lower-risk state by the CDC and the MA DPH and have established a return to work plan with my manager.

Employee signature: _____

**Should you wish to be tested at a UMass Memorial location, please refer to the [COVID-19 Employee Test Instructions](#).*

Manager Review

Reviewed by: _____

Date of Review: _____

Employee Health Review

Date of test, if performed: _____

Result**: _____

Date quarantine started: _____

Date quarantine ended: _____

Notifications: _____

Comments: _____

Employee Health reviewer name and date: _____

***Positive results or development of symptoms; refer to Employee Health exposure documentation*

Submit Form to Employee Health

Send the completed and signed two-page form by fax or email to your entity's Employee Health team:

UMass Memorial Entity	Fax Number	Email Address
Medical Center/Medical Group/Corporate	508-334-2205	Employee Health COVID-19 mailbox@umassmemorial.org
Marlborough Hospital	508-229-1201	annette.casco@umassmemorial.org
HealthAlliance-Clinton Hospital	978-466-2065	HA-C_EmployeeHealthServices@umassmemorial.org
Community Healthlink	508-421-4323	nszretter@communityhealthlink.org