

**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*): 14-day quarantine Submission of a negative SARS-CoV-2 PCR test result (for a test collected within the 72 hours prior to starting work) to Employee Health

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: \_\_\_\_\_

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**Manager Review**

- I am requesting the testing to be done at a UMass Memorial location as this employee meets the criteria for urgent travel (due to significant/emergent family needs or other urgent situations considered on a case-by-case basis)
- This is non-urgent travel

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 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	<a href="mailto:Employee_Health_COVID-19_mailbox@umassmemorial.org">Employee Health COVID-19 mailbox@umassmemorial.org</a>
Marlborough Hospital	508-229-1201	<a href="mailto:annette.casco@umassmemorial.org">annette.casco@umassmemorial.org</a>
HealthAlliance-Clinton Hospital	978-466-2065	<a href="mailto:HA-C_EmployeeHealthServices@umassmemorial.org">HA-C_EmployeeHealthServices@umassmemorial.org</a>
Community Healthlink	508-421-4323	<a href="mailto:nszretter@communityhealthlink.org">nszretter@communityhealthlink.org</a>