

Student Name: _____ Grade: _____ Date: _____

Travel Questionnaire: International Travel within the Last 14 days

Please email this completed document to Ms. Connie Thomas, cthomas@ehshouston.org, as soon as possible after returning from your trip.

1. Date of departure: _____ Date and time of return: _____

2. How did you protect yourself during your trip?

a. Use of mask to cover face and nose when around others

Yes No

b. Practice of social distancing to avoid close contact

Yes No

c. Monitor your health daily for any COVID related symptoms

Yes No

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

3. While traveling, did you or a member of your household come in close contact with someone who has tested positive for COVID-19 or has any COVID-19 related symptoms ?

Yes No

Close contact is defined as: Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.*

Parent Signature

****Episcopal High School only accepts PCR COVID-19 tests****

Student Name: _____

Grade: _____

Date: _____

Return to school orders:

_____ Based on the responses above and CDC guidance for travel, your student may be tested ** on day 5 (five) of quarantine after returning from international travel with the added proviso that the student has not experienced COVID symptoms as listed by the CDC during that time.

For an up-to-date list of COVID symptoms, please refer to the following CDC website: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

_____ Based on the responses above, CDC guidance for travel, and the current health of the student, a full 14-day quarantine will be required.

Episcopal High School only accepts PCR COVID-19 tests

EHS School Nurse

Student Name: _____

Grade: _____

Date: _____

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