



Occupational Health & Wellness

Employee Travel Report

Date: _____

Employee Name: _____ Employee Number: _____

Contact number (preferably cell phone): _____

Specific location of travel: _____

Dates of travel: _____

Any temperature or respiratory symptoms you are experiencing currently: _____

You are asked to self-monitor your temperature (100.0 or greater) and respiratory symptoms (cough, shortness of breath, or sore throat, etc.) for 14 days. Please report development of temperature or respiratory symptoms to Occupational Health immediately and self-isolate at that time.

You can contact Occupational Health at 458-7158, 458-7167 or by email at wellness@phelpshealth.org.

Thank you.

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