



Quinnipiac University Travel Health Form

To control the spread of COVID-19 in Connecticut, all Connecticut residents who have spent 24 hours or longer in one of the Affected States within 14 days prior to arriving in Connecticut and who are staying in Connecticut for more than 24 hours are required to self-quarantine for a period of 14 days from the time of last contact with such Affected State.

The list of impacted states are updated weekly on the [travel advisory section of the state's coronavirus website](#).

If you have spent 24 hours or longer in one of these Affected States within 14 days prior to arriving in Connecticut please complete the following information.

First Name: _____ Last Name _____

QU ID: _____ Position Title: _____

State Traveled To: _____ Date Returned to CT: _____

By signing this form, you are agreeing to each of the following statements:

- I will self-quarantine and remain in my designated self-quarantine location for a period of 14 days from the time of last contact with such Affected State.
- I understand that if I have any COVID-19 symptoms, which include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, and muscle or body aches, it is recommended that I consult with a medical professional and get tested.

- If traveling from one of the Affected States that was not listed as an Affected State at the time when I began travel, I must notify via email or telephone my manager upon return to Connecticut.
- I understand the risk of a state turning to an Affected State after arrival and having to self-quarantine upon return to Connecticut.
- I understand the requirement to self-quarantine, as noted above, for 14 days, that I will use vacation time or request an unpaid leave if I am unable to perform my duties remotely.

Employee Signature and Date