

Choices in Community Living

Post Vacation Risk Assessment

I understand the importance and expectation of truthfully sharing information about my vacation and activities during my vacation so CICL can decide when it is safe for me to return to work based on their understanding of possible exposure to COVID-19 virus. This form is to be used for that risk assessment regarding COVID 19 potential exposure only.

Data collected will be used to determine safe return to work after travel regarding health and welfare of individuals served by traveling staff. No information obtained on this form will be used to discriminate against any employee/employment position regarding travel plans.

I am returning from travel to: _____

Means of transit: (Circle all that apply) Car, Airplane, Train, Bus, Trolley, Uber/ Lyft, Taxi, Ship/Watercraft, Other

Travel companions: Immediate Family, Family, Friends, Housemates, Co-workers, Other

My activities/ venues included more than 10 people in one area: (circle) YES or NO

(I.e. Beaches, Social gatherings of more than 10 people, staying in a crowded hotel, concert's, casinos, etc.)

Other pertinent information:

Read and initial each statement below for completion of this form. If there are any questions/concerns, please contact nursing.

_____ I understand that if I am not truthful regarding high risk activities during vacation, the Ohio Department of Developmental Disabilities could charge me with neglect if an individual that I work with becomes COVID-19 positive due to my activities (found through contact tracing). Should this happen, I understand that my name could be added to the Abuse Registry List.

_____ The above statements are true and correct to the best of my knowledge.

Printed Name

Date

Signature

To be completed by Choices In Community Living Nurse Department:

_____ **Low Risk**; employee may return to work after travel: _____

_____ **Medium Risk**; employee may return to work with the following restrictions: _____

_____ **High Risk**; employee must wait 14 days to return to work after travel: _____

Nurse Printed Name

Date

Signature