***Form to be completed by Site Medical Director or Executive Director and emailed to*** [***occupationalhealthnursing@phsa.ca***](mailto:occupationalhealthnursing@phsa.ca)

**Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_ Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_ Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of return from travel: \_\_\_\_\_\_\_\_\_\_\_\_\_ Country travelled to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Duration of travel (days): \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please confirm the following:**

**[ ] Employee and members of their household are not exhibiting symptoms of COVID-19**

**[ ] Employee will self-monitor for symptoms for 14-days and follow Infection Control/Health and Safety PPE requirements**

**[ ] Employee’s manager has attempted backfill and/or reorganization of work to enable self-isolation**

|  |
| --- |
| **Describe how services will not be deliverable if the employee must self-isolate from work and the impact to patient care or service delivery:** |
|  |
| **Asses the risk of an employee returning to work before self-isolation, including: area visited, activities undertaken during travel (e.g. large gatherings), work environment, and overall risk and impact of transmission upon return.** |
|  |

**This exemption has been:**

**[ ] Approved [ ] Declined**

**Site Medical Director or Executive Director signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Medical Director or Executive Director name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Revised: October 15, 2020