



## 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](mailto:wellness@phelpshealth.org).

Thank you.

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