

## **GUIDELINES FOR OFF-CAMPUS TRAVEL**

To ensure your safety and that of other Veteran Residents and DVA Staff, please follow the following procedures when traveling off Campus:

1. No more than two Veteran Residents may travel in a single vehicle;
2. Facial coverings are encouraged for wear at all times and required for wear in accordance with Governor Lamont's Executive Orders pertaining to reopening Connecticut;
3. Social distancing of at least six feet between persons, except as otherwise stated herein, to be observed at all times;
4. Gatherings of more than 25 people indoors/100 people outdoors are to be avoided;
5. Personal hygiene – frequent handwashing and washing clothing at high temperature settings;
6. Adhere to all reopening guidelines, Executive Orders, laws, and regulations for visiting any public or private facility while on pass.
7. Upon return to campus Veteran Resident vehicles and or packages may be subject to visual inspection.
8. Upon returning from overnight travel, Veteran Residents must report to the Residential Supervisors Office to turn in their pass and to complete the travel screening form.

Updated 9/23/2020

**RETURN FROM TRAVEL SHORTENED SCREENING FORM**

**VETERAN NAME:** \_\_\_\_\_ **WING:** \_\_\_\_\_ **TIME OF RETURN:** \_\_\_\_\_

Please provide towns and states of locations you visited while off Campus on pass. You do not need to provide those areas you passed through but only those locations in which you stopped.

While off Campus on pass did you come in contact with anyone that presented with possible symptoms of COVID-19 (Cough, Fever or Shortness of Breath)? **Yes No**

While off Campus did you have contact with anyone who has traveled to any international locations over the past 14 days? **Yes No**

While off Campus did you travel or been in contact with anyone who has traveled to Rhode Island or outside of New England, New York, New Jersey or Pennsylvania over the past 14 days for 24 hours or more?

If yes, please indicate location(s): \_\_\_\_\_

Did you attend any social or recreational events of indoor private gatherings of more than 25 people or 100 people outdoors? **Yes No**

If yes please describe: \_\_\_\_\_

Did you practice Social Distancing as recommended? **Yes No**

Did you follow CDC hygienic and mask guidelines? **Yes No**

In the past 24 hours have you had any of the following symptoms: **Please circle**  
(If Veteran answered yes to any of the above questions (except for items re: social distancing & CDC hygienic/ mask guidelines) or if Veteran has any of the below symptoms below, Veteran is to be referred for medical screening and further evaluation.)

- |                        |                          |                            |
|------------------------|--------------------------|----------------------------|
| Cough                  | Inability to Awaken/Stay | Headache                   |
| Chills                 | Awake                    | Congestion or Runny Nose   |
| Chest Pressure or Pain | Difficult breathing      | Sore Throat                |
| Shortness of Breath    | Muscle or Body Pain      | New Loss of Smell or Taste |
| Shaking with chills    | Bluish lips or face      | Unexplained/New            |
| Fatigue                | Fever of 99 or greater   | Confusion                  |

**VETERAN RESIDENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_