

1. Have you traveled in the last 14 days from **China, Hong Kong, South Korea, Japan, Italy or Iran?**

YES NO

IF YES TO QUESTION 1: Workforce member are not permitted inside MD Anderson Cancer Center premises for 14 days after returning from this country.

2. Have you traveled in the last 14 days from any other international locations outside of North or South America?

YES NO

IF YES TO QUESTION 2: Please List Countries of Travel: _____

IF YES TO QUESTION 2: Do you have any of the following symptoms: Fever of 37.7 °C/100 °F, cough, runny nose, sore throat, shortness of breath, chills, headache, muscle aches, gastrointestinal problems (e.g., vomiting, diarrhea)?

YES* NO ***IF YES, Workforce member must contact Employee Health @ 713-745-6900 and remain off premises until cleared by Employee Health.**

INFORMATION VALIDATION REQUIRED I certify that the information documented on this form is **true and complete**. I understand that misrepresentation or omission of facts may prevent my observation experience or may be cause for termination of the observation period after beginning the observation experience.

Name (Print): _____ Name (Signed): _____ Date: ____/____/____