**Student Post Travel Questionnaire**

Student name:

Destination location:

Dates of travel:

Number of individuals in travel party?

Did you travel by common carrier (plane, train, bus, etc.)? If yes, which?

Did you stay overnight in a hotel, motel or rental property?

Did your travel include riding in a taxi or another ride-sharing vehicle?

Were you knowingly exposed to COVID-19 or a person with COVID-19 symptoms during your travel?

Were any individuals in your travel party knowingly exposed to COVID-19 or a person with COVID-19 symptoms during your travel?

Did you have a temperature (100.4 or higher) during your travel?

Did anyone in your travel party have a temperature (100.4 or higher) during your travel?

Do you currently have a temperature (100.4 or higher)?

Did you experience any of the other symptoms of COVID-19 during your travel?

Did anyone in your travel party experience any of the other symptoms of COVID-19 during your travel?

Are you currently experiencing any of the other symptoms of COVID-19?

Is anyone who was in your travel party currently experiencing any of the other symptoms of COVID-19?

Has anyone who was in your travel party been diagnosed with or tested positive for COVID-19 since returning from your travel?