

## Travel considerations during COVID-19

The Centers for Disease Control and Prevention recommends avoiding nonessential travel. If you must travel, please complete and attach this form to your My ASU TRIP request. This form must be completed by the traveler and not by a delegate.

Traveler	
Name:	
Phone number or email:	

Travel resources
<ul style="list-style-type: none"> <li>• <a href="#">ASU Novel Coronavirus.</a></li> <li>• <a href="#">Considerations for Travelers—Coronavirus in the US.</a></li> <li>• <a href="#">COVID-19 Travel Recommendations by Country.</a></li> <li>• <a href="#">Prevent Getting Sick.</a></li> </ul>

Travel considerations checklist	
Can the trip's purpose be accomplished without travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your trip include field research? If yes, review the <a href="#">COVID-19 guidelines for ASU researchers</a> . For all other business travel, follow the <a href="#">Domestic travel guidelines</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be using a personal, rental or university vehicle to get to your destination?	<input type="checkbox"/> Personal <input type="checkbox"/> Rental <input type="checkbox"/> University <input type="checkbox"/> N/A
Are you heading to a remote location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are medical, transportation, and food services available at your destination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the local or state government where you live or at your destination require you to stay home or quarantine after traveling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you able to stay at home or quarantine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any local COVID-19 restrictions impacting your trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your trip that you would like to discuss with ASU Risk Management?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please acknowledge that you have answered questions accurately, reviewed the travel resources identified above, and are comfortable traveling and will follow ASU COVID-19 guidelines during your trip.

Traveler	
Signature	Date