



Student Travel and Return to School Guidance

**Granville
Schools**

International Travel and Domestic Travel Outside of Ohio

CDC Travel Guidelines:

The CDC has a broad portfolio of resources

(<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

geared towards helping individuals consider the risks and benefits of various forms of travel during the pandemic. These resources include considerations around domestic travel, international travel, cruise ship travel, U.S. travel bans and restrictions, travel health notices, and travel FAQs. These tools are a great way for individuals and employers to evaluate the risks inherent in the various forms of travel that staff may engage in. Additionally, there are a variety of downloadable travel notices that you can use to educate both residents and staff on the risks and considerations around travel during COVID-19.

Key takeaways include:

- COVID-19 transmission can happen anywhere that people gather – not just on vacation. The CDC also has a “**Deciding to Go Out**” tool that may help individuals evaluate – and remember – the risks inherent with destinations that are nearby or at a distance.
- All individuals should avoid going to places where they will be closer than 6 feet away from other people for 15 minutes or more.
- When individuals head out on vacation, they should still practice all the CDC-recommended COVID-19 practices: washing hands, staying home if sick, wearing face coverings, practicing social distancing, and avoiding large groups of people.
- Before travelling, individuals should first research the percentage of COVID positive tests in your destination area. Is your destination a designated COVID hotspot?



- **Upon return from travel outside of Ohio, families must complete a Travel Questionnaire and submit it to their student's principal, via email, for review and further direction.**
- Symptoms are specified below on the Questionnaire.

Student Travel Questionnaire

Student Name: _____

Parent Name: _____

Grade Level: _____

Parent Phone Number: _____

1. Where did you travel? (Include: city, state, and counties).

2. When did you arrive back from your trip? Please provide date you returned to Ohio.

3. Did you attend any events/gatherings? Please describe.

4. How did you travel?
Drive, Fly, Cruise, Other: _____

5. Did you have any known or suspected exposures to COVID-19? Please explain.

6. In the past 14 days has the student experienced any of the following?

Please check all that apply:

Fever great than 100.4° F

Chills or night sweats

Cough

Headache

Abnormal fatigue

Muscle or body aching

Sinus congestion or runny nose

Nausea or vomiting

Diarrhea

Loss of taste or smell

Shortness of breath or difficulty breathing

None of these

Parent/Guardian Signature

Student Signature

Administrative use only:

No further follow-up needed

Student should receive COVID-19 test.

Student should quarantine for ___ days.

Principal's Signature: _____

Date: _____