



CONNECTICUT TRAVEL HEALTH FORM

Failure to submit this travel health form or to self-quarantine may result in a civil penalty of \$1,000 for each such violation.

To control the spread of COVID-19 in Connecticut, all travelers and Connecticut residents who have spent 24 hours or longer in one of the Affected States within 14 days prior to arriving in Connecticut and who are staying in Connecticut for more than 24 hours are required to (1) complete the “Connecticut Travel Health Form” and (2) self-quarantine for a period of 14 days from the time of last contact with such Affected State, for any portion of such 14 day period they spend in Connecticut, or for the duration of such travelers’ stay in Connecticut, whichever is shorter, unless a traveler is exempt from the requirement to self-quarantine by virtue of an inability to self-quarantine coupled with a negative COVID-19 test result from the last 72 hours or by virtue of being an Essential Worker.

The list of Affected States is updated weekly on the Connecticut Travel Advisory webpage (ct.gov/coronavirus/travel).

*** Required information.**

*** QUESTION 1: I am staying in Connecticut after spending 24 hours or longer in one of the Affected States within the previous 14 days.**

- Yes
- Yes, but I am exempt from self-quarantining because I am unable to self-quarantine, I have a negative COVID-19 test result from the last 72 hours, **and**
 - I have submitted my negative test result to the Commissioner of Public Health, **or**
 - I have not yet submitted my negative test result to the Commissioner of Public Health and understand that I am required to self-quarantine until I submit it.

Submission of negative test results shall be sent by email to DPH.COVID-Travel@ct.gov or by facsimile to (860) 326-0529.

- Yes, but I am exempt from self-quarantining because I am an Essential Worker who works in critical infrastructure as designated by the Cybersecurity and Infrastructure Security Agency and my travel is work-related.
- No.

If you answered **NO** to question 1, you do not need to complete the rest of this form.

If you answered **YES** to question 1, including answering **YES** because you are unable to self-quarantine or **YES** because you are an Essential Worker, please complete the information and attestation on page 2.

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- * You have indicated that you are staying in Connecticut for more than 24 hours after spending 24 hours or longer in one of the Affected States within the previous 14 days. By signing this form, you are agreeing to each of the following statements:
1. I have received, read, and understand Connecticut's Travel Advisory. You may view Connecticut's Travel Advisory on the Connecticut Travel Advisory webpage (ct.gov/coronavirus/travel).
 2. I will self-quarantine and remain in my designated self-quarantine location for a period of 14 days from the time of last contact with such Affected State, for any portion of such 14 day period I spend in Connecticut, or for the duration of my stay in Connecticut, whichever is shorter. (Does not apply to Affected Travelers unable to self-quarantine who tested negative or who are Essential Workers).
 3. I will not enter any public places, including, but not limited to, restaurants, pools, meeting rooms, or gatherings, during my mandatory period of self-quarantine. (Does not apply to Affected Travelers unable to self-quarantine who tested negative or who are Essential Workers).
 4. Per Connecticut requirements, I will wear a face covering when in public and when a six-foot distance from others is unavoidable, unless I have a medical condition that prevents me from wearing one.
 5. I understand that if I have any COVID-19 symptoms, which include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, and muscle or body aches, it is recommended that I consult with a medical professional and get tested.

CONTACT INFORMATION

* First Name: _____ * Last Name: _____

* Affected state: _____ * Last date in Affected state: ____/____/____/
(Month/Day/Year)

* Designated self-quarantine location in Connecticut if required to self-quarantine:

(Street) (Town) Connecticut, _____
(Zip Code)

* Date of arrival: ____/____/____/
(Month/Day/Year) * Length of stay: _____

* Address in home state: _____
(Street) (Town) (State) (Zip Code)

* Cell phone number: _____ * Contact phone number while in Connecticut: _____

* How did you travel to Connecticut: ___ Boat ___ Bus ___ Car ___ Plane ___ Train

* Did you travel with any minors (under 18 years of age): Yes Number of minors: _____
 No

CONNECTICUT TRAVELER ATTESTATION

I, _____, attest under penalty of perjury that all information provided herein is true and accurate.

Signature: _____ Date: _____