School of Medicine
Student International Travel Form

To be approved for any credit experience outside of the United States, the following must be submitted to the Office of the Registrar NO LATER THAN 6 WEEKS prior to departure date, either in person (DeBakey M210) or via e-mail (registrar@bcm.edu) The Office of the Registrar will obtain final approval from a Dean in the Office of Student Affairs.

Pre-Trip Requirements for Approved Travel

☐ Notify Office of the Registrar of Intent to Enroll (Allowing 6 Weeks to Launch Memorandum of Understanding)

☐ Submit Required Documents (must be received NO LATER THAN 6 WEEKS to departure date)
  - Professionalism Agreement
  - Emergency Contact Information
  - Health Self-Assessment
  - Statement of Release
  - State Department Waiver
  - Copy of Passport
  - Copy of Airline Itinerary
  - Copy of Medical Insurance & Evacuation Insurance Card
  - Documentation of Travel Clinic Visit (showing that Appropriate Immunizations Have Been Administered)

It is STRONGLY recommended that students also:

☐ Review CDC Website for Health Related Advisories (www.cdc.gov/travel)

☐ Review U.S. State Department Country Report Website for Travel Advisories (http://travel.state.gov)
  Monitor the Country's Warning STATUS, if the U.S. State Department has Issued a Warning for the Intended Country of Travel the Student is Responsible for Signing the Warning Country Travel Waiver Included in the Travel Packet.

☐ Register with the U.S. Department of State

Students are required to have an evaluation form completed by their host.

Pre-Trip Student Affairs Dean Checklist (For Office Use Only)

☐ All Documents Received
☐ State Department Status Confirmed
☐ Office of the Registrar Notified 6 Weeks Prior, to Initiate MOU Agreement.
(If no MOU possible, confirm that student has access to emergency health care.)
School of Medicine
Student International Travel Professionalism Agreement

I agree to the following:

• I will hold myself to the highest standards of professionalism, respect & courtesy, no differently than during my clinical activities at Baylor College of Medicine (BCM).

• I understand that my experience will reflect upon myself, the School of Medicine and BCM and will affect future collaborations with my host institution.

• I will respect & abide by the laws & cultural standards of my host country & institution.

• I will care for patients under the supervision of a local provider at a level consistent with my level of training.

• I will use discretion in taking photographs. I will seek permission (with full transparency of purpose) from individuals being photographed & my host institution prior to taking any photographs.

• I will respect the privacy of my host community & individuals, & will not post patient or facility photos or details in online venues (blogs, photo websites, etc.).

• I have read the following documents:
  I. Guidelines for Blood-borne Pathogen Exposure & Post-Exposure Prophylaxis in Global Health Field Sites.
  III. Culture Shock & Communication -Avoiding Misadventures in Cross Cultural Relations.
  IV. Towards Best Practices in the Center for Global Health: First, Do No Harm- Guidelines for Donation.
  V. Unite for Site website on photography.

__________________________
STUDENT NAME (PLEASE PRINT)

__________________________
SIGNATURE

__________________________
DATE

Originally developed by University of Wisconsin Hospital and Clinics
Adapted with permission by Janis P. Tupesis, M.D., of the University of Wisconsin School of Medicine, Public Health, & Baylor College of Medicine School of Medicine/Office of Student Affairs.
**School of Medicine**

**Student Emergency Contact Information**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<tr>
<th>MEDICAL YEAR</th>
<th>PASSPORT #</th>
<th>PASSPORT EXP. DATE</th>
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**UNITED STATES EMERGENCY CONTACT INFORMATION**

<table>
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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<thead>
<tr>
<th>RELATIONSHIP TO STUDENT</th>
<th>E-MAIL ADDRESS</th>
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<table>
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<tr>
<th>CURRENT ADDRESS</th>
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<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
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<thead>
<tr>
<th>PRIMARY PHONE</th>
<th>ALTERNATE PHONE</th>
<th>ALTERNATE PHONE</th>
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I authorize a representative from the Office of Student Affairs to contact this person in the event of an emergency.

**BAYLOR COLLEGE OF MEDICINE FACULTY SPONSOR CONTACT INFORMATION** (if applicable)

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<table>
<thead>
<tr>
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<th>PAGER</th>
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<tr>
<th>DATES THAT MENTOR WILL BE UNAVAILABLE DURING PROPOSED TRIP</th>
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**ON-SITE EMERGENCY CONTACT INFORMATION**

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<th>WORK PHONE</th>
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<th>PREFERRED WAY OF CONTACT</th>
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**UNITED STATE EMBASSY INFORMATION**

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<th>EMBASSY LOCATION/ADDRESS</th>
<th>EMBASSY PHONE NUMBER</th>
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**ADDITIONAL TRAVEL PLANS** (IF APPLICABLE)

<table>
<thead>
<tr>
<th>PRE OR POST ELECTIVE TRAVEL PLANS (INCLUDE DATES, LOCATIONS, ACCOMPANYING FRIENDS/FAMILY)</th>
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School of Medicine
STUDENT HEALTH SELF-ASSESSMENT

STUDENT NAME: ____________________________

CURRENT PCP: ____________________________ PCP PHONE: ____________________________

- This form is to be completed by the participant.
- The purpose of this form is to help the Office of Student Affairs be of maximum assistance to you, should the need arise during your global health rotation. Mild physical or psychological disorders can become serious under the stresses of life while working in an unfamiliar setting. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you during your trip.
- Working with your experience sponsor, we will do our best to direct you to more specific sources of information about support services you can reasonably expect to find on site.
- The information provided will be shared only with program staff, faculty, or university officials, as deemed necessary.
- Elective or off-site locations may not be able to accommodate all reported individual needs or circumstances.
- If you do not report a medical condition, our ability to assist you in case of an emergency may be compromised.

MEDICAL HISTORY

☐ Yes ☐ No Are you generally in good physical condition? If no, please explain.

☐ Yes ☐ No Have you ever been treated or are currently being treated for any psychological or emotional Problems including depression and anxiety. If yes, please explain.

☐ Yes ☐ No Do you have any allergies? If yes, please explain.

☐ Yes ☐ No Are you taking any medication? If yes, please list.

☐ Yes ☐ No Have you had any major injuries, diseases or ailments in the past 5 years? If yes, please explain.

☐ Yes ☐ No Are there any medical conditions or physical disabilities that would be helpful for the Program to be aware of during your trip? If yes, please explain.

IF YOU ANSWERED YES TO ANY OR ALL OF #2 THROUGH #6 ABOVE, WE STRONGLY ADVISE YOU TO SEE YOUR MEDICAL PROVIDER BEFORE YOUR DEPARTURE TO DISCUSS YOUR PLANS TO TRAVEL ABROAD.

I certify that all responses on this Medical Self-Assessment form are true and accurate, and that I will notify the Office of Student Affairs of any relevant changes in my health that may occur prior to the start of my trip.

__________________________________________  ____________________________
SIGNATURE                                               DATE

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My participation in my planned international experience is completely voluntary. Therefore, I...

- Assume full legal and financial responsibility for my participation in the program.
- Will be responsible for the costs (whether already paid or not) as decided upon by myself. If I withdraw (or am required to withdraw) from the elective for any reason once the trip has commenced, I assume full responsibility for the trip costs.
- Grant Baylor College of Medicine, and its employees, agents and representatives to have the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the elective. Approved actions include authorizing medical treatment and returning me to the United States on my behalf and at my expense.
- Realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States, is required for my participation in the elective. I acknowledge I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that Baylor encourages me to have appropriate insurance coverage for the entire time I am abroad.
- Agree to conform to all applicable policies, rules, regulations and standards of conduct as established by Baylor College of Medicine (BCM) and any sponsoring institution(s) and/or foreign affiliates.
- Agree voluntarily and without reservation to indemnify and hold harmless Baylor College of Medicine and their respective officers, employees, and/or agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of BCM while acting within the scope of their employment or agency, as a result of my travel, including any travel incident thereto.
- Understand that there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or at my workplace. Those risks include, but may not be limited to:
  - Traveling to and within, and returning from, one or more foreign countries;
  - Foreign political, legal, social and economic conditions;
  - Different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
  - Local medical and emergency services;
  - Local weather and environmental conditions.
- Agree to abide by the laws and customs of the country where my elective will take place.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

NAME (PLEASE PRINT)

SIGNATURE

DATE
School of Medicine
Student Waiver for Countries with U.S. Department of State Travel Warning Issued

I understand and acknowledge that my participation in an elective rotation located in a country with an issued U.S. Department of State Travel Warning is voluntary. Without reservation or limitation, I assume all risks associated with my participation in said program. I understand that there are always many unpredictable and serious risks associated with travel abroad, and that such risks are common in countries for which a travel warning has been issued. These risks can and do have many underpinnings, including but not limited to the following: travel to and from and within a particular state, country or region; foreign political, legal, military, social and economic conditions; different standards of civil defense procedures, design, safety and maintenance of buildings, public places and modes of transportation; local medical and emergency services; local weather and environmental conditions.

Given the range of risks generally associated with travel, and the likelihood that some or all of these risks are pertinent to an academic program located in a country with a U.S. Department of State Travel Warning, I hereby acknowledge that I assume all responsibility for my personal health, safety and welfare as a consequence of my voluntary participation in an elective rotation in the country named below. I further acknowledge that no person at Baylor College of Medicine can offer me any guarantees regarding my personal health, safety and welfare, and that I have not been provided with any assurances about local conditions in the country to which I will travel that I construe as such assurances.

__________________________
STUDENT NAME (PLEASE PRINT)

__________________________  _________________________
SIGNATURE                      DATE
School of Medicine  
Student Options for Travel Insurance

The Baylor College of Medicine Student Health Insurance Plan (SHIP) is provided through Blue Cross Blue Shield. If you are enrolled in the SHIP then you have access to Academic Emergency Services, which include Emergency Travel Assistance Services. Information on the benefit can be accessed at [https://bcm.myahpcare.com/benefits](https://bcm.myahpcare.com/benefits) Participants should review their coverage with the SHIP and familiarize themselves with the procedures for obtaining medical care and other services while in a foreign country.

If you have health insurance with another company, you are encouraged to review your policy for services provided in a foreign country. If your policy does not provide foreign health care, you might want to consider supplementing your health insurance coverage with one of the short-term insurance policies designed for international travelers. Insurance companies that provide such services are:

International SOS ([www.internalsos.com](http://www.internalsos.com))
A discount on coverage is available to all whose medical school is a member of the International Health Medical Education Consortium. Baylor is a member of the IHMEC.

Wallach & Company, Inc. ([www.wallach.com](http://www.wallach.com))

Please provide your insurance information below AND attach a copy of your insurance card:

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>DATE OF BIRTH:</th>
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<tbody>
<tr>
<td>INSURANCE COMPANY:</td>
<td>POLICY NUMBER:</td>
</tr>
<tr>
<td>SITE LOCATION:</td>
<td>COUNTRY:</td>
</tr>
<tr>
<td>ROTATION DATES:</td>
<td></td>
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</tbody>
</table>

I have reviewed the international coverage offered in my insurance plan and found it adequate to my needs. I certify the Information I provided above is effective until my return date to United States.

______________________________  ________________________________
STUDENT NAME (PLEASE PRINT)     SIGNATURE

______________________________  ________________________________
DATE
