

**INTERNATIONAL TRAVEL CHECKLIST
UNIVERSITY OF PITTSBURGH SOM**

**INTERNATIONAL TRAVEL CHECKLIST
and
TRAVEL ABROAD CONTRACT
UNIVERSITY OF PITTSBURGH SOM**

Students at the University of Pittsburgh School of Medicine (UPSOM) are encouraged to participate in international research and clinically related experiences, either in the summer after first year, or during the elective time. The arrangements are made between the student and the foreign location.

There is a policy/procedure to be followed in making these arrangements. The overall requirements are listed below. For clinical elective experiences, requirements are defined in the Medical School Course Catalog on the [ZONE](#). All clinical electives and non-research summer experiences must first be approved by **Dr. Peter Veldkamp, our International Liaison**. Research and Scholarly Project requirements are listed below.

The following is a checklist to assist you in making sure all the issues pertaining to the final preparation for a successful international experience are addressed. The checklist form must be completed a **minimum of one (1) month** prior to departure and presented to Dr. Peter Veldkamp, International Liaison, for review and signature.

Completed and signed Checklists and travel abroad contracts must be submitted to the appropriate contact person listed in each section.

TYPE OF INTERNATIONAL EXPERIENCE (check all that apply)

___ Dean's Summer Research Program (SRP)
Contact: Suzann Beardley suzann@medschool.pitt.edu
Approval by Global Health Committee
International Checklist and Travel Abroad Contract
Research Proposal
Global Health Task Force (GHIF) Checklist

___ Summer Experience funded by U. Pitt (GSPH Travel Awards, Nationality Room Awards and Alumni Summer Enrichment Program) but not SRP (See above)
Contact: Andre Burton ab86@pitt.edu
Approval by International Liaison
International Checklist and Travel Abroad Contract checklist
Global Health Task Force GHIF Checklist

___ Clinical Elective
Contact: Joanne Colligan joanne@medschool.pitt.edu
International Contract and Travel Abroad Checklist
Global Health Task Force GHIF Checklist
Extramural Elective Request Form (Zone > MyClass > Extramural Electives) signed by Dr. Peter Veldkamp
(six (6) weeks prior to departure)

___ Scholarly Project or Other Research Electives
Contact: Suzann Beardley suzann@medschool.pitt.edu
International Checklist and Travel Abroad Contract
Global Health Task Force GHIF Checklist
Scholarly Project or Research Prospectus **(six (6) weeks ahead of departure)**

ACADEMIC ISSUES:

- I have reviewed this valuable resource to prepare for my international experience?
 - <http://www.globalhealth-e.c.org/GHEC/Resources/resources.htm>
- Read on the unique diseases of that country/culture
- Is there a projector a research requirement? Yes _____ No _____ Collect supplies to take that are suitable for the site and easy to transport.
- Complete special readings related to this project.

HEALTH PREPARATION ISSUES:

- Immunizations up-to-date, according to the CDC (www.cdc.gov/travel, and www.who.int/en/)
 - Malaria prophylaxis Which drug? _____
 - PPD status Date: _____
- Include prevalence of XDR tbc, HIV, yellow fever, meningococcal meningitis, Japanese encephalitis, rabies, typhoid fever at this site?
- HIV prophylaxis. Do you anticipate any patient contact? Yes ____ No ____
 - If YES, what drugs will be taken in case of inadvertent exposure? _____
 - HIV prophylaxis Kit needed? Yes ____ No ____
 - Who will be contacted in this case? Name: _____ Phone number: _____
- Verify having reviewed standard precautions and isolation protocols?
- Verify the need to supply your own masks, gloves, etc. to comply with standard precautions?
- Review medicine information for international travel with Dr. Peter Veldkamp. pjv4@pitt.edu
- Personal medications and medical kit has been prepared.
- Health Insurance Information:
 - Company _____ Policy _____
 - Group Number _____ (provide copy)
- Evacuation Insurance: (<http://www.assistamerica.com>, <http://www.internationaliso.com>)
 - Company _____ (provide copy)
 - Contact Information _____ (provide copy)

Reviewed by: _____ Date: _____

Peter Veldkamp, MD, International Elective Liaison

I verify that the information is accurate to the best of my ability.

_____ Date: _____

Medical Student

TRAVEL ABROAD CONTRACT AND RELEASE

This is a release of legal rights, read and understand before signing

I am an enrolled Medical Student at the University of Pittsburgh School of Medicine (UPSOM), intending to travel abroad as part of an approved international summer program/scholarly project/research or clinical elective, for which credit shall be granted upon successful completion of the approved program/project/research/elective. I understand that I must deliver to the Office of Student Affairs, University of Pittsburgh School of Medicine, an executed copy of this contract prior to my departure.

I understand and acknowledge that the _____ trip (indicate country), is not planned, arranged, or supervised by the UPSOM. Therefore, as further described below, in consideration of the opportunity for receiving academic credit or UPSOM funding for the program and/or elective, I agree, on behalf of myself, family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the above mentioned trip.

A. BEHAVIORAL RESPONSIBILITIES:

I, the undersigned, am aware of and understand the expected behavioral responsibility while travelling abroad. As a guest in a foreign country, there are certain behaviors which are considered unacceptable and could lead to possible difficulties. I hereby assure the University that I shall conduct myself in an appropriate manner which does not infringe upon the laws, customs and mores of the country in which I am travelling, nor upon my rights and safety. In addition, the undersigned agree to adhere to all policies outlined in the University of Pittsburgh Student Code of Conduct and Judicial Procedures. Inappropriate behavior is cause for involuntary withdrawal from the program/project/research/ elective. If involved in alleged civil or criminal misconduct abroad, I am responsible for all costs, expenses, fees and fines associated with any civil or criminal actions or penalties and for retaining their own counsel.

Illegal Drugs: I understand that the use or possession of illegal drugs during this experience or being knowingly present in instances of use or possession of illegal drugs is cause for immediate discipline.

Alcohol Abuse and Related Misconduct: Alcohol abuse and alcohol-related misconduct will not be tolerated. Such misconduct is cause for reprimand, referral to counseling, if such services are reasonably available, involuntary withdrawal from experience and action under the Student Code of Conduct and Judicial Procedures upon return to the University of Pittsburgh. I must also abide by all alcohol-related laws of the host country.

Involuntary withdrawal: I acknowledge that return passage and all other expenses occasioned by a participant's conduct in violation of the Travel Abroad Contract, shall be the sole and exclusive financial responsibility of the student concerned.

B. MEDICAL RESPONSIBILITIES:

I, the undersigned, acknowledge that there are certain risks inherent in international travel and that the University of Pittsburgh School of Medicine cannot assume responsibility for the provision of medical services to its students or the payments therefore. I, the undersigned, is expected to have consulted with a medical doctor, as he/she may have deemed necessary, with regard to any individual medical issues or needs. Further, the undersigned is aware that the UPSOM cannot be responsible for attending to any and all needs of the undersigned.

I, the undersigned, acknowledge that I am aware that, should I be required to be hospitalized while in a foreign country or in the United States during the program, the University cannot and does not assume legal responsibility for payment of such costs; rather, I hereby assure the UPSOM that I have assumed all risk and responsibility therefore and that I have adequate health insurance to meet any and all needs for payment of hospital costs during the course of the experience.

C. STUDENTS WITH DISABILITIES:

I, the undersigned, acknowledge that the absence of law mandating equal access for individuals with disabilities in some countries may affect their ability to provide accommodations in certain locations.

D. HEALTH INSURANCE

I, the undersigned, understand that I am required to maintain health, accident, and hospitalization insurance sufficient to cover medical contingencies while participating in the program/scholarly project/research or clinical elective. I shall provide proof of such coverage PRIOR to departure. The UPSOM shall not assume responsibility for student medical expenses.

E. INDEMNIFICATION: I, the undersigned, shall indemnify and hold harmless the University of Pittsburgh, University of Pittsburgh School of Medicine, its officers, trustees, employees, agents and representatives from any and all claims, demands, liabilities, costs and causes of action and all expenses incidental thereto (including reasonable attorney's fees), based upon or arising out of any illness personal injury (including death), property damage or loss, deviation, delay or curtailment, however caused which I may suffer in connection with this travel abroad experience.

F. RELEASE FROM LIABILITY: I, the undersigned, understand that there are significant risks which are inherent in international travel and which may cause serious bodily injury, death and/or property damage, including but not limited to risks associated with air travel, hazardous road conditions and ground travel, street crime and violent crime, disease, terrorism and civil unrest. I understand that I am solely responsible for my safety and assume responsibility for all risks associated with participation in travelling aboard.

I agree that the University of Pittsburgh, UPSOM, its officers, trustees, employees, agents, and representatives ("Releasees") shall not be liable for any claims, demands, liabilities, costs, causes of action, damages or judgments based upon or arising out of any illness or injury (including death), or property loss or damage, caused by the acts, omissions, or negligence of the releasees. Knowing these risks may exist, I agree on behalf of myself, my family, heirs and personal representatives to assume all risks and responsibility in any way associated with my participation in the _____ in _____.
(program/project/research/elective) (country)

G. GOVERNING LAW: This agreement shall be governed by the laws of the Commonwealth of Pennsylvania, without regard to conflicts of law principles, and any dispute relating to the Agreement an dunable to be informally resolved by the parties shall be heard in state or federal court in Allegheny County, Pennsylvania, to which parties consent to personal jurisdiction.

H. MODIFICATION: This Agreement represents the entire understanding of the parties with regard to the subject matter, and may not be modified, assigned, or amended except by a signed written agreement of the parties.

I. ORIENTATION: I, the undersigned, acknowledge that a pre-departure meeting on safety and health issues will be held with the UPSOM International Liaison faculty person. The undersigned agrees to attend this session prior to the start of the experience.

TRAVEL ABROAD CONTRACT

WHEREASE INTENDED TO BE LEGALLY BOUND, HEREBY I AFFIX MY SIGNATURE HERETO CERTIFYING THAT I, HEREBY AGREE TO COMPLY WITH THE TERMS OF THE FOREGOING **CONDITIONS OF ENROLLMENT**. I CERTIFY THAT I HAVE READ THESE FORMS, UNDERSTAND THE PROVISIONS THEREOR AND AGREE TO BE BOUND THEREBY:

Student Name (please print)

Signature of Student

Date

Birthdate

Name of country travelling to

Dates of Travel

If known, please provide the contact information for your international experience:

Preceptor's name: _____

Email address: _____

Telephone: _____

Mailing Address: _____
