GPH International Travel Notification Form

The UCSD Division of Global Public Health requires that anyone travelling abroad for GPH-related business (UCSD and non-UCSD faculty, staff & students) fill out the below form in full and register for UCSD travel insurance (free of charge). Please visit the following link for more information and to fill out a form for coverage: https://www.uctrips-insurance.org. In addition, it is strongly recommended that you register your travel online in the UCSD iJET database (you will be prompted to do so after filling out your UCSD insurance info). Once registered, your flight, passport and other information will be logged into the database, making it easy for the University to track you in the event of an emergency. iJET will also notify you of travel alerts. Please see the resource page for additional information about UCSD travel insurance and the iJET database. Please submit this form, along with a scanned copy of your passport (submitting a scanned version of your passport is not required but is highly recommended). Passports and forms will be scanned and stored in a secure folder on our server.

- Please note, non-UCSD attendees cannot fill out the insurance forms themselves – if you are travelling with family or hosting someone who is not from UCSD you must sign up non-UCSD attendees for coverage on their policy using the UC Trips Insurance link above.
- The below form **must** be filled out in full and approved by the Division of Global Public Health prior to travel.
- You must notify the Division of any emergencies immediately while abroad (see ‘Resources’ page form for GPH contact information).
- You must carry emergency contact numbers for the country to which you are travelling, such as the US embassy - these numbers can be found online or in a travel guide (see the ‘Resources’ page for recommended travel guides).
- You must fill out the checklist on page 4 prior to travel.
- It is highly recommended that you have a cell phone that works internationally. Please check with your provider to check if your cell phone works internationally. If you do not have an international cell phone, please ensure someone who you are travelling with does. If travelling for an extended period, please make sure you have the appropriate adaptor for your phone’s charger (visit the following website for further information: http://www.europlugs.com/Design_Review_Polices/Plug_Adapter_Country_Chart.htm)
- When returning to the US you should send a text-message to your sponsor to ensure them of your safe return.

UCSD insurance covers the following:

- Out-of-country medical
- Lost luggage, personal property and trip cancellation or interruption
- Emergency medical evacuation and repatriation
- Security extraction
- Accidental death and dismemberment
- Please visit the following website for more information: http://atyourservice.ucop.edu/briefing/2008_sept/travel.html
GPH International Travel Notification Form

Your Name: _______________________________ Today’s Date: ____________

Home Address: __________________________________________________________

Phone: Work (   )_____________ Home (   )_____________ Mobile (   )_____________

Email Address: __________________________________________________________

UCSD Faculty Sponsor’s Name: _____________________________________________

(UCSD Faculty member who is familiar with the proposed host organization study site and off-site location(s)

1. Country you plan to travel to ____________________________________________

2. Dates of travel: from _________(MM/DD/YY) to: _________(MM/DD/YY)

3. Are you a US Citizen or permanent resident? Y N
   • If no, please complete Question 3a below
     a. Are you cleared for travel to this country and do you have appropriate visa documents?
        (You must be cleared prior to travel. If no, please check with your local consulate to
        ensure citizens of your country are approved for travel to this country) Y N

4. Purpose of trip:
   a. I am a GPH employee (faculty or staff), who is travelling to this country on regular business
      (proceed to Question 6)
   b. I am a student travelling to this country to collect data for my thesis
      (proceed to Question 5)
   c. I am a student attending a course abroad (proceed to Question 5)

5. Together with your UCSD Sponsor, provide the following information:
   a. Description of Activities - Type of setting (i.e. hospital rural clinic, etc.): Objectives; your Role. Use
      second sheet if necessary.
         __________________________________________________________________________
         __________________________________________________________________________
         __________________________________________________________________________
   b. Identify:
      Host Organization / Hospital ______________________________
      An Individual Host / Sponsor ______________________________
   c. What are the qualifications of the Host institution/organization to supervise and evaluate the
      proposed activity?
   d. Who will evaluate your performance?
      Name: ______________________________
      Title: ______________________________
      Affiliation: _________________________
6. Proof of requirements to travel abroad
   a. Proof of travel insurance (printed policy and/or policy #) ___________________
   b. Passport Information:
      i. Number __________________
      ii. Expiration date _________________
      iii. Country of issue _________________
      iv. Did you leave a digital copy of your passport with GPH in case of theft?
         Y  N (submitting a scanned version of your passport is not required but is highly recommended)
   c. Name & phone number of abroad sponsor (person responsible for looking after your safety in the country of travel)
      ________________________________
      __________________________________
      i. Has this person been contacted? Y  N
      ii. Lodging and other contact information (please provide the full name, address and phone number(s) of the person(s) and/or place(s) you are staying with while travelling abroad (please provide all details so we can contact you easily in case of an emergency - use the back of this form if necessary)
      __________________________________
      __________________________________

7. Name and address of a contact person in the USA who may be reached at any time by the UCSD School of Medicine and through whom messages can be relayed to the traveler:
   Name:___________________________________________
   Relationship to student: _____________________________
   Address: _________________________________________
   Phone: Work (       )___________  Home (       )_____________  Mobile (       )_____________

By signing this form, I agree that, to the best of my knowledge, all of the information on this form is true. I understand the risks associated with travel abroad, and do not hold UCSD responsible for any personal safety issues or loss of personal property for the duration of my trip.

Traveler’s Signature: _________________________________

8. Approvals: (YOU MUST SECURE THESE SIGNATURES)
   _____________________________________________  _____________________________________________
   (UCSD Faculty Sponsor)  (Dr. Steffanie Strathdee, Associate Dean of Global Health Sciences)
Check-off List for travel abroad (to be filled out by all GPH faculty, staff, students and non-UCSD attendees)

Please initial when completed:

______ I have filled out the above form in full.

______ I have ascertained visa requirements and have secured a visa in the country to which I am travelling, if applicable. For information on visa requirements world-wide, please visit, http://projectvisa.com.

______ I have a cell phone that works internationally, along with the appropriate adaptor (for phone charger), or am travelling with someone who has a cell phone that works in the country to which I am travelling.

______ I received the page containing the phone numbers and addresses for the US Embassy/Consulate, the Division of Global Public Health, my abroad sponsor and US contact in case of an emergency.

______ I have consulted the UCSD Student Health Service Travel Clinic or another appropriate resource such as the County Health Department (619-338-2222) for advice and recommendations.

______ I have accessed the Center for Disease Control (http://www.cdc.gov/) and State Department (http://travel.state.gov/travel/travel_1744.html) websites for information about travel recommendations, cultural information and immunizations.

______ I have registered my travel plans online with the State Department so that, in case of an emergency, the local consulate or embassy can act more quickly to accommodate me https://travelregistration.state.gov/ibrs/ui/.

______ I have received the appropriate immunizations for the travel I have planned.

______ I am aware that many developing countries have a high prevalence of HIV infection and that appropriate infection control practices may not be practiced in some areas. I am prepared to practice universal precautions and I take responsibility for ensuring my access to appropriate antiretroviral medications should a high risk exposure to blood or other body fluids occur.

______ I have obtained travel and medical insurance through UCSD (https://www.uctrips-insurance.org) (REQUIRED) and registered my travel in UCSD’s iJET database (STRONGLY RECOMMENDED).

Signature: _____________________________ Date: ______________

Witness Signature: _______________________ Date: ______________
Resources for travel to other countries

It is highly recommended that you purchase a travel guide for the country you are travelling to for information on consulates, transportation, emergency contact information, travel tips and other relevant information.

Recommended travel guides:
- Let’s go - http://www.letsgo.com

Insurance
- **Limited travel Insurance through UCSD:** https://www.uctrips-insurance.org. Please remember to print out a copy of your insurance card after filling out the registration.
- Please note we urge students to also obtain travel insurance and to make sure they retain their current health insurance while abroad so that there is continuity of coverage should that be needed.
- After signing up for insurance, register your trip in UCSD’s iJET travel alert database – details below.

Travel advisories and alerts
- CDC - http://www.cdc.gov/travel
- iJET Database – you will have the option to register your trip in UCSD’s iJET travel alert database after you have filled out the insurance form. It is strongly recommended that you add your information to this database to make it easy for the University to track you in case of an emergency.

Consulate/embassy information
The following page includes such information as location of the U.S. embassy or consulate in the subject country, unusual immigration practices, health conditions, minor political disturbances, unusual currency and entry regulations, crime and security information, and drug penalties - http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html

Emergency evacuation information
- If you are in a country in a crisis situation check the bureau of consular affairs web page
- Contact family members to alert them of the situation
- Contact the US Embassy
- Head to a consular office
- List yourself “safe and well” at the Red-Cross web site https://disastersafe.redcross.org/listSafeandWell.aspx

Emergency assistance to American Citizens abroad
  - OVERSEAS CITIZENS SERVICES: Call the State Government at 1-888-407-4747 (from overseas: 202-501-4444)

Global Public Health contact information
- Carolyn Oliver (Dr. Strathdee’s assistant) – (858) 822-6468 (caoliver@ucsd.edu)
- Tere Ossa (Admin Assistant, GPH) – (858) 822-4995 (tossa@ucsd.edu)