

UCSF School of Medicine
Trainee International Travel Check List

Health and Safety

Check the UC Trip Planner for travel information or security ratings specific to your intended destination(s). If the Overall Security Rating = 5, contact your global health advisor.
<http://rmis.ucsf.edu/travel-resources>

Check the US Department of State web site for any travel warnings specific to your intended destination(s). If warnings appear, contact your global health advisor.
<http://travel.state.gov/content/passports/english/alertswarnings.html>

Register with the US consulate in your host country (the STEP program):
<http://travelregistration.state.gov/ibrs/home.asp>

“Register for iJet” to get free medical & security insurance for academic-related travel through UHCG/Ace/iJet at the bottom of the following link:
<https://rmis.ucsf.edu/business-travel-insurance>

Obtain Bluecard Worldwide Insurance information for vacation travel if you have the Student Health Insurance Plan (or obtain private leisure travel insurance for vacation travel): <https://studenthealth.ucsf.edu/insurance/travelers-insurance>

Check the Centers for Disease Control and Prevention web site for any health alerts specific to your destination: <http://www.cdc.gov/travel/>

Bring appropriate protective equipment if needed for a clinical rotation: fitted mask, gloves, & eye protection.

Visit the UCSF Student Health Service (or your alternative provider) to discuss specific preventive interventions. For example:

- You may need to update your immunizations (like Tdap) or obtain others (like hepatitis A, typhoid, etc.), or check on precautions like those for the Zika virus.
- If you might be exposed to needle sticks, blood, or body secretions, you should take a post-exposure HIV prophylactic medication (PEP) kit with you.
- You may need malaria prophylaxis in an endemic country.
- You need an updated TB test before departure & 8 – 12 weeks after return.
- You need to get prescriptions for several antibiotics to add to your medical kit (antibiotics, pain relief, band aids, anti-diarrheal, etc.) for travel to isolated areas.

Knowledge

Complete the GHS 101X Course or the on-line version through the CLE. (Not necessary if you are a visiting student or have taken a similar class):
<https://courses.ucsf.edu/course/view.php?id=2489>

Review the Global Health Sciences Travel Resources for Students/Trainees:
<http://globalresearchhub.ucsf.edu/>

Research

Check with the Committee on Human Research if you are working with human data, and if required, obtain IRB approval before departure:
<http://www.research.ucsf.edu/chr/Apply/chrHowApply.asp>

Travel Documents

This international packet should be uploaded to the Moodle 2 iRocket/CLE class called International Experiences, linked from the UCSF UME Forms website: <http://meded.ucsf.edu/mse/forms>

All documents marked with an * should be taken on your trip.

- **This packet includes the following documents to be uploaded:**

- Release and Hold Harmless Agreement

- UCSF General Media Consent Form

- *Emergency Contact Information Form

- *SOP Emergency Wallet Card

- **Other documents to be completed and turned in pre-departure:**

- (Not necessary if you are a visiting student)

- If credit is desired: Extramural Course or Clerkship Application (for rotations)

- Or 150 Research Elective (for non-Pathways research)

- Or 140.20 Research Elective (for Pathways research)

- If clinical elective/rotation: GH Elective Course Objectives Form (if getting credit, turn in with your Extramural Clerkship form, otherwise to your mentor)

- **Additional documents to bring on trip** (along with a paper copy or a scanned electronic version available securely on the web as backup):

- *Passport & visa (if required by host country)

- *International Immunization Yellow Card

- *Your insurance cards & information:

- US Insurance (Student Health Card or private insurance)

- UHCG/Ace/iJet

- Bluecard or private travel insurance if also doing vacation travel

- *Student Evaluation Form for foreign preceptor, which you bring back to MSE Office at UCSF (Off-campus Elective Evaluation Form or Off-Campus Research Elective Evaluation Form)(Not necessary if you are a visiting student or not getting credit)

Upon Your Return

Repeat your PPD 8 – 12 weeks after you return & obtain appropriate medical care

Complete your Student Trip Report

(Not necessary if you are a visiting student)

Turn in your Student Evaluation Form from your foreign preceptor

(Not necessary if you are a visiting student or not getting credit)



RELEASE AND HOLD HARMLESS AGREEMENT

I hereby elect voluntarily and on my own initiative to participate in the

_____.

This experience will take place in _____

during the period _____ (MM-DD-YY) through _____ (MM-DD-YY).

I acknowledge that I bear full responsibility for any personal injury or illness, accident, risk or loss, or property damage that may be sustained by me in connection with my participation in the above-mentioned program.

In particular, I acknowledge and agree that I am fully aware of the risks and hazards associated with my participation in the above mentioned program, including without limitation, the risks and hazards of infectious diseases, injuries, accidents, political unrest, wars, terrorism, natural disasters, medical emergencies, criminal activity, loss of personal property, travel-related delays or cancellations, and cultural stress.

I acknowledge and agree that the University of California, San Francisco will not and cannot guarantee my safety. I further acknowledge and agree that University of California, San Francisco is not and will not be responsible for any illness, injury, accident, damage or loss suffered by me from or in connection with my participation in the program.

I acknowledge and agree that I have been given adequate opportunity to review this document and to ask questions.

I hereby certify that I have adequate health and accident insurance, including but not limited to Student Health or Other (specify policy name and terms of coverage):

_____.

I hereby release and agree to hold harmless the University of California, San Francisco and its officers, directors, employees and agents from any and all liability, claims, demands and actions arising or related to any loss, property damage, illness, injury or accident that may be sustained by me in connection with or during my participation in the above mentioned program.

This release and hold harmless agreement is and shall be binding on myself and my heirs, assigns and personal representatives.

Signature Date

Name of Participant (print) Cell Phone

E-Mail Address

Media Consent Form

Non-patient

AUTHORIZATION AND CONSENT TO PHOTOGRAPH, VIDEO, PUBLISH AND RELEASE INFORMATION

I _____ (Print Name) give my consent to the University of California, San Francisco ("University") to photograph, film, videotape, audio record and/or use other means of capturing my image and/or voice, and to use it in various formats and for the purposes within UCSF's mission of research, education, patient care, and public service. Distribution methods may include, but are not limited to: media, printed materials, social media, websites, or in any other media now known or later developed for unrestricted purposes.

I understand that my identity may be revealed through the photographs, films, videos, and recordings and/or through the use of my name and voice. I understand that I will not have an opportunity to inspect and approve the video or photographs prior to their use, and that the University will be the owner(s) of the video and/or photographs. This authorization and consent will continue indefinitely or for the maximum duration permitted by applicable law.

I waive any right to compensation. I further release and forever discharge the University, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures or videos, including but not limited to any and all claims for injury, invasion of privacy, defamation, or infringement of copyright.

Signature: _____ Date: _____

Print Name: _____ (photo subject or guardian)

Affiliation (Title and position, if faculty or staff): _____

If signed by guardian, indicate relationship: _____ Age of minor: _____

Address: _____

Email: _____ Phone: _____

Witness (name of person securing this form): _____

Event and location: _____

Initial use/publication purpose of photo or video: _____



University of California
San Francisco

Full legal name _____
 Cell phone _____
 Home phone _____
 E-mail _____
 Address _____



Contact Information Abroad:

Name/address of person you are staying with and/or place (street, city/region, country):

Phone & country/city code _____

Cell phone _____

E-mail _____

In-Country Emergency Contacts (2 people):

Name _____

Relation (friend, mentor, etc.) _____

Address _____

Home phone _____

Office phone _____

Cell phone _____

E-mail _____

Name _____

Relation (friend, mentor, etc.) _____

Address _____

Home phone _____

Office phone _____

Cellphone _____

E-mail _____

US Emergency Contact People (2 people):

Name _____

Relation (friend, mentor, etc.) _____

Address _____

Home phone _____

Office phone _____

Cell phone _____

E-mail _____

Name _____

Relation (friend, mentor, etc.) _____

Address _____

Home phone _____

Office phone _____

Cell phone _____

E-mail _____

Anything in particular we should know about your medical/personal history for emergency purposes?

Instructions for filling out your UCSF Emergency Card

Prior to your departure:

1	Determine the emergency medical number equivalent to 9-1-1 in your destination country and record it on your card.
2	Register your trip with UHCG/Ace/iJet Insurance and record your policy number on your card. The UHCG/Ace/iJet Insurance offers free emergency assistance services 24 hrs a day to all UCSF members on UCSF related travel, but each trip must be registered. Make sure to always carry your emergency & insurance cards: UCSF Emergency Card, UHCG/Ace/iJet, or Blue Cross/Anthem or other private insurance. Note: UHCG/Ace/iJet only covers 7 additional (vacation) days outside of academic experiences. But students who carry student health insurance (SHIP) are also covered by Blue Card International for vacation medical emergencies. Record your Blue Card International policy number on your emergency card. Trainees without Ship who plan >7 days of vacation need to purchase and record private travel medical insurance for this vacation time.
3	Look up the phone number for the U.S. Consular Agent in the country that you will be traveling to and record it on your card.
4	Look up the contact information for your on-site advisor and record their name and number on your card.
5	Look up the contact information for your UCSF advisor and record their name and number on your card. If s/he is not available, refer to the list of other UCSF staff to contact in your department
6	Complete your card by filling in your personal information. <ol style="list-style-type: none">1) Name2) Date of Birth3) Blood Type4) Allergies5) Personal Emergency Contact Information
7	Medical students and visiting students upload this packet on International Experiences CLE website; link available at http://meded.ucsf.edu/ume/forms Other UCSF trainees and residents, provide your UCSF program administrator with a copy of your completed card.



UCSF Emergency Card	
Name: _____ DOB _____ In-country 9-1-1 Equivalent: _____ UHCG/ACE/iJet: 1-800-527-0218 (US), 011-410-453-6330 (Outside US Collect) UHCG/ACE/ iJet Policy # _____ Group ID # 363391 Blue Card Intl: 1-800-810-2583 (US), 011- 804-673-1177 (Outside US Collect) Alt. travel ins. & phone: _____ UCSF Blue Card or other policy #: _____ US Consul & phone: _____ On site Adviser & phone: _____ Personal Emerg. Contact & phone: _____ Allergies/Blood Type: _____ UCSF Mental Health (24/7): 011-415-476-1281 (option 7 if after-hours)	Please alert UCSF in the event of an emergency UCSF Advisor & Phone #: _____ Alternative SOM Dean's Office Contacts (medical students only): MSE: 011 (415) 476-2346 Alternative UCSF Contacts (visiting or year-long students only): Chris Stewart: 011 (415) 279-9505; Madeline Mann: 011 (415) 637-4309