



INTERNATIONAL TRAVEL REQUIREMENTS CHECKLIST

Full Legal Name: _____ Resident/Fellow _____ Faculty _____ Staff

International Conference/Program/Rotation: _____

Site (City & Country): _____

Inclusive Travel Dates: _____

My local contact information at the international site:

Name: _____

Address: _____

Phone and email: _____

My emergency contact information (may not be someone traveling with you):

Name: _____

Relationship: _____

Address: _____

Phone and email: _____

Submit this form at least six weeks prior to travel departure date.

I have voluntarily requested to participate in an international conference, or the international program conducted by or under the control of Western Michigan University Homer Stryker M.D. School of Medicine ("WMed") or a cooperating institution. In consideration for being permitted to participate in the conference/program, in the event of an emergency (natural disaster, political distress, medical event, or other situation threatening my health or well-being), during the international conference/program, I agree to the following:

1. I have checked the U.S. Department of State warnings for my proposed destination www.state.gov/travel. There must be no Level 3 (Reconsider Travel) or 4 (Do Not Travel) advisories in effect at the time of departure for the entire country or the area within a country where travel is planned.

☐ No Level 3 or Level 4 warnings are currently listed.

2. I have enrolled in the U.S. Department of State Safe Traveler Enrollment Program (STEP) at step.state.gov/step/ in order to receive additional warnings and alerts and promote communication with me by the nearest U.S. Embassy or Consulate.

☐ Yes

☐ No (Explain below.)

3. I have visited a qualified healthcare provider for review of required immunizations and medications, completed all recommended immunizations, and made arrangements for all recommended medications.

☐ Yes



4. I have obtained a passport and any necessary visa (travel.state.gov/content/passports/en/passports/apply.html).

☐ Yes

5. I have registered and created a personal profile with WMed's insurance carrier for international insurance provided free of charge by WMed, for emergency medical evacuation and repatriation coverage.

☐ Yes

6. WMed provides limited professional liability coverage for international experiences (**N/A for Staff**).

Residents/Fellows: Must not practice medicine and must be appropriately supervised by licensed attending physicians when participating in patient care.

☐ I have read and fully understand the limitations of the professional liability (malpractice) coverage for residents/fellows, as faculty, provided by the medical school, as stated in the Faculty Policy Manual.

Faculty:

☐ I have read and fully understand the limitations of the professional liability (malpractice) coverage for faculty provided by the medical school, as stated in the Faculty Policy Manual.

7. WMed requires a signed consent to allow embassies and consulates to release information on an individual's welfare to WMed in an emergency situation.

☐ I have signed and attached the *Consent for Release of Personal Information in Event of Emergency ("Consent")*.

☐ I have not signed the Consent. (Explain below.)

8. WMed requires a signed Release of Claims and Indemnity.

☐ I have signed and attached the *Release of Claims and Indemnity ("Release")*.

☐ I have not signed the Release. (Explain below.)

I acknowledge, by my signature below, that I have read and fully understand every provision of this Checklist, and that my travel information will be accessible to WMed staff as needed.

Signature of Participant

Date

Signature and Title of WMed Authorized Representative
(Residents/Fellows: associate dean for Graduate Medical Education)
(Faculty and Staff: associate dean for Administration and Finance)

Date