



Office of Global Health Shapiro Research/SRCA Travel Packet

Name of Participant

Please turn in all required documents to the School of Medicine and Public Health (SMPH) Office of Global Health, 1191F HSLC, **at least eight weeks prior to departure**. Keep the checklist below to ensure that you have met all requirements. ***Please note that all UW-System students studying abroad are required to have Cultural Insurance Services International (CISI) insurance. This should be purchased from Betsy Teigland in the SMPH Office of Global Health, NOT from the campus risk management office.***

Visit the State Department <https://travel.state.gov/content/passports/en/alertswarnings.html> and CDC www.cdc.gov/travel websites for updates on the country where you will be traveling. *If your site is in a country that is designated as a level 3 or 4 risk on the State Department Warning List, please contact the SMPH Office of Global Health as soon as possible.* This requires a special approval process, and the required documents must be submitted **at least twelve weeks** prior to your anticipated departure. (Please see our website for more information:

<https://education.ghi.wisc.edu/health-student-opportunities/med-student-opportunities/m1-summer-independent-research/>

PRE-TRIP CHECKLIST

**After reviewing CDC & U.S. State Dept. websites,
submit the following to SMPH Office of Global
Health:**

Application/Travel Forms:

- Approval Form
- Student Agreement Form
- Approval Letter from Field Site Preceptor/Organization
- Contact Information*
- CISI (insurance **REQUIRED** by the **UW-System**)*
- Health Self-Assessment
- Statement of Responsibility
- Copy of airline itinerary
- Copy of passport photo/signature page

In addition:

- Register with the U.S. Embassy on the State Department website prior to departure.

* Students will receive an Emergency Contact card from the SMPH Office of Global Health; a CISI insurance card will be emailed following enrollment. These must be carried throughout the field experience. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.

University of Wisconsin School of Medicine and Public Health International Shapiro/SRCA Approval Form

These forms must be submitted at least 8 weeks prior to the start of a Shapiro or SRCA project. Attach a copy of your letter of acceptance/approval from the project site and return to Betsy Teigland, SMPH Office of Global Health, 1191F Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.

Student Information

Name: _____
Telephone: _____
Email Address: _____

Date Submitted: _____
Campus ID #: _____
Graduation Date: _____

Project Site Information

Country: _____

City: _____

Hospital, Clinic or Organization: _____

On-site Supervisor: _____

Site Contact Person (if different from supervisor): _____

Address: _____

Telephone: _____

E-mail: _____

Is this country a level 3 or 4 on the State Dept. warning list? Yes _____ No _____

(Go to: <http://travel.state.gov/content/passports/english/alertswarnings.html>)

Project Information

Dates of Project: _____

Dates of Travel: _____

Discipline or Department: _____

Name and phone number for UW faculty advisor(s) for this project: _____

SMPH Office of Global Health Director Approval (for office use only)

Signature: _____ Date: _____

Student Agreement for UW International Shapiro/SRCA

Goals

The SMPH Office of Global Health is committed to preparing students for participation in international Shapiro/SRCA projects. Goals include providing students with opportunities to:

- Actively participate in the health care system of another country
- Develop knowledge and respect for another culture, language and health practices
- Develop awareness of social, economic and political factors in health and disease
- Recognize, accept, and be able to work within the limits of available resources

Guidelines

While most international experiences are uneventful, in some cases unforeseen challenges present themselves to students. These include problems related to unfamiliar cultures and languages, political and social instability, crime, infectious diseases, and other health hazards that may not be common in the U.S. To ensure that participants understand the risks involved in study abroad and to maximize the educational value of these experiences, UW-Madison requires that students participating in a Shapiro or SRCA project outside the U.S. comply with the following policies, procedures and guidelines. Adherence is the responsibility of the individual student and not the University of Wisconsin-Madison School of Medicine and Public Health. The Office of Global Health at 4270B HSLC is available to assist students with these steps.

- Meet with the Office of Global Health faculty/staff to discuss educational objectives, review guidelines and application process, verify academic eligibility, obtain site information, and identify resources for advising and orientation. Students are expected to maintain contact with the office throughout the process of arranging a global health research project.
- Gather information concerning any political problems, safety concerns, or health hazards by consulting the U.S. State Department and Centers for Disease Control and Prevention (CDC) websites (see front page of packet), and by consulting the sponsoring site. SMPH travel warning policy does not recommend travel to countries that are designated as a level 3 or 4 risk on the U.S. State Department Warning List, but will consider exemptions on a limited basis with at least 3 months lead-time. For the warning list travel policy and exemption form, go to <https://education.ghi.wisc.edu/health-student-opportunities/med-student-opportunities/m1-summer-independent-research/>.
- Submit a letter from the in-country supervisor confirming the dates you will be working on the project, and including a description of educational activities, on-site supervision, and housing arrangements.
- Complete the one-credit POP HLTH 640 course, Foundations in Global Health Practice.
- Obtain medical travel advice and immunizations appropriate for host country.
- Investigate visa and other entrance requirements that may be enforced in the host country. Register with the U.S. Embassy on the State Department website prior to departure.
- Purchase **UW-System required** Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance should be purchased in the Office of Global Health.
- Designate persons both at the elective site and in the U.S. who may be contacted in the event of an emergency. This includes giving them contact information when traveling outside of the primary project site.
- Adhere to laws of the host country and comply with standards of conduct set by the project site.
- Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.
- I have read and understand the above goals and guidelines.***

Student Signature _____ Date _____



UNIVERSITY OF WISCONSIN-MADISON AFFILIATED INTERNATIONAL TRAVEL HEALTH & WELLNESS INFORMATION FORM

This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.
2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler's diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.
3. Have recent dental check-up and address any potential problems.
4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at <http://www.studyabroad.wisc.edu/general.html> and <http://wwwnc.cdc.gov/travel/>.
5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad.
6. **Complete and return the UW-Madison Health Information Form.** The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.

NAME _____ BIRTHDATE _____ GENDER _____

STUDENT ID _____ E-MAIL _____

PROGRAM _____ DATES _____

1. Do you have a current or past medical problem in the following areas?

- | | | |
|---|--|---|
| <input type="checkbox"/> Severe Allergic Reaction | <input type="checkbox"/> Severe or disabling headaches | <input type="checkbox"/> Special dietary needs (gluten-free, dairy-free, vegetarian, vegan) |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Gastrointestinal disease | <input type="checkbox"/> Exercise or movement limitations |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Abnormal Heart Rhythm | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Weakened Immune System | <input type="checkbox"/> Other mental health conditions |
| <input type="checkbox"/> Bleeding or other blood disease | <input type="checkbox"/> History of kidney stones | |
| <input type="checkbox"/> Chronic use of blood thinning medication | <input type="checkbox"/> Decreased kidney function | |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Current pregnancy | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Thyroid problems | |
| <input type="checkbox"/> Any other medical condition for which you take medication regularly or are/were under regular care. Please describe. | | |

2. If you have answered yes to any of the areas above, please explain. Describe any ongoing treatment, limitations/restrictions or emergency actions which will/may be required during your travel.

3. Please list any medications you are currently taking or will be bringing with you during travel.

4. Please list any allergies to medicine, foods, insects or environmental materials such as pollen or latex.

5. Please indicate what health preparations you have completed or are planning to receive for your trip as appropriate.

___ Travel medicine clinic visit
___ Personal health care provider visit

___ Prescription for malaria prophylaxis
___ Prescription for traveler's diarrhea
___ Other preventive medications

6. Is there any additional information you would like your program organizers to be aware of while you are abroad? (If yes, please explain)

I certify that all responses on this form are true and accurate, and complete. I will notify my program organizers of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____, 20____

**Study Abroad Health Insurance Application
Cultural Insurance Services International (CISI)
Policy #19 STB009987906/ #19 EQX2018005-UWISC**

Participant Name: _____

First

MI

Last

Email: _____

UW School or Program: UW-Madison SMPH Office of Global Health

Date of Birth: _____

Gender: ____M ____F

Country of destination: _____

Site name: _____

Site phone number (or number where you can be reached): _____

Additional cities/towns to be visited (overnight): _____

Date of Departure: _____

Date of Return: _____

In order to enroll, please submit this completed form, along with the current premium.

Count departure and arrival days (touch down in U.S.) to determine correct premium rate.

The one week rate is for a program of **1-8 days and is \$10.00.**

The two week rate is for a program of **9-15 days and is \$18.00.**

The three week rate is for a program of **16-22 days and is \$26.00.**

For programs of **greater than 22 days please use the monthly rate of \$35.00 times the number of months needed. Weekly rates cannot be applied to programs longer than 22 days.** Please go to the Risk Management office website for information on dependent/spouse coverage, http://www.bussvc.wisc.edu/risk_mgt/international%20health%20insurance.html.

*** Payment for entire trip must be made prior to departure. We do not accept cash, credit or debit cards. CHECK OR MONEY ORDER ONLY. Please make checks payable to the UW Board of Regents.**

Please submit your application and premium to the SMPH Office of Global Health (1191F HSLC, 750 Highland Ave. 53705). We will need to have your flight itinerary on file in order to enroll you in CISI.

We ask that forms be in our office at least 8+ weeks prior to departure.



UNIVERSITY OF WISCONSIN-MADISON
Statement of Responsibility, Release, Authorization and
Acknowledgement of Risks to participate in Study Abroad and
Exchange Programs

Revised February 2002

I hereby indicate my desire to participate in a study abroad/exchange program in _____, sponsored by the University of Wisconsin-Madison during the period of _____ to _____. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

1. assume full legal and financial responsibility for my participation in the program.
2. will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
3. grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
4. 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 program. While my fee for the program includes limited accident and health insurance as well as limited insurance for medical evacuation for the duration of the program while I am overseas, I acknowledge that 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 the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
6. accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.

7. understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.

8. agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (*Board of Regents*) and their respective officers, employees, and 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 the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9. understand that, although the university has made every reasonable effort to assure your safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. 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.

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.

 Participant's Signature Date

 Signature of Parent or Guardian Date
 (if participant is less than 18 years of age)

 Participant's Name (please print)

 ID Number