



**School of Medicine  
Student International Travel Form**

To be approved for any credit experience outside of the United States, the following must be submitted to the Office of the Registrar as soon as possible, but ***NO LATER THAN 6 WEEKS*** prior to departure date, either in person (DeBakey M210) or via e-mail ([registrar@bcm.edu](mailto:registrar@bcm.edu)). The Office of the Registrar will seek to obtain final approval from a Dean in the Office of Student Affairs.

**Pre-Trip Requirements for Approved Travel**

- Notify Office of the Registrar of Intent to Enroll
- Submit Required Documents (*must be received ***NO LATER THAN 6 WEEKS*** to departure date*)
  - Professionalism Agreement
  - Emergency Contact Information
  - Statement of Release
  - State Department Waiver
  - Copy of Passport
  - Proposed copy of Airline Itinerary
  - Copy of Medical Insurance & Evacuation Insurance Card
  - Documentation of Travel Clinic Visit (*showing that Appropriate Immunizations Have Been Administered*)

**Students should also:**

- Review CDC Website for Health Related Advisories ([www.cdc.gov/travel](http://www.cdc.gov/travel))
- Review U.S. State Department Country Report Website for Travel Advisories (<http://travel.state.gov>)
- Monitor the Country's Warning STATUS, if the U.S. State Department has Issued a Warning for the Intended Country of Travel the Student is Responsible for Signing the Warning Country Travel Waiver Included in the Travel Packet. Travel may not occur to a country in level 4 status or higher.
- Register with the U.S. Department of State (<https://travel.state.gov/content/travel/en/international-travel/before-you-go/step.html>)

Students are required to have an evaluation form completed by their host.

**Pre-Trip Student Affairs Dean Checklist (*For Office Use Only*)**

---

- All Documents Received
- State Department Status Confirmed
- Participation in Pre-Departure Workshop Confirmed
- Provide student with Emergency Contact Card (if travel warning present)
- Office of the Registrar Notified 6 Weeks Prior



**School of Medicine  
Student International Travel Professionalism Agreement**

I agree to the following:

- I will hold myself to the highest standards of professionalism, respect and courtesy, no differently than during my clinical activities at Baylor College of Medicine (BCM).
- I understand that my experience will reflect upon myself, the School of Medicine and BCM and will affect future collaborations with my host institution.
- I will respect and abide by the laws and cultural standards of my host country and institution.
- I will care for patients under the supervision of a local provider at a level consistent with my level of training.
- I will use discretion in taking photographs. I will seek permission (*with full transparency of purpose*) from individuals being photographed and my host institution prior to taking any photographs.
- I will respect the privacy of my host community and individuals, and will not post patient or facility photos or details in online venues (*blogs, photo websites, etc.*).
- I will complete all site-specific training and preparations regarding blood-borne pathogens for my specific site. This includes consulting with a travel clinic.

---

**STUDENT NAME (PLEASE PRINT)**

---

**SIGNATURE**

---

**DATE**



**School of Medicine  
Student Emergency Contact Information**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>MEDICAL YEAR:</b>	<b>PASSPORT #:</b>	<b>PASSPORT EXP. DATE:</b>	

**UNITED STATES EMERGENCY CONTACT INFORMATION**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MI:</b>
<b>RELATIONSHIP TO STUDENT:</b>			<b>E-MAIL ADDRESS:</b>	
<b>CURRENT ADDRESS</b>	<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>PRIMARY PHONE:</b>		<b>ALTERNATE PHONE:</b>	<b>ALTERNATE PHONE:</b>	

\_\_\_\_\_ I authorize a representative from the Office of Student Affairs to contact this person in the event of (INITIAL) an emergency.

**BAYLOR COLLEGE OF MEDICINE FACULTY SPONSOR CONTACT INFORMATION (if applicable)**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>DEPARTMENT:</b>		<b>TITLE:</b>	
<b>OFFICE PHONE:</b>	<b>CELL PHONE:</b>	<b>ALTERNATE PHONE:</b>	
<b>PAGER:</b>	<b>E-MAIL ADDRESS:</b>		
<b>DATES THAT MENTOR WILL BE UNAVAILABLE DURING PROPOSED TRIP:</b>			

**ON-SITE EMERGENCY CONTACT INFORMATION**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>TITLE/POSITION:</b>		<b>E-MAIL ADDRESS:</b>	
<b>CURRENT ADDRESS</b>	<b>STREET:</b>	<b>CITY:</b>	<b>COUNTRY:</b>
<b>HOME PHONE:</b>	<b>CELL PHONE:</b>	<b>WORK PHONE:</b>	
<b>PREFERRED WAY OF CONTACT:</b>			

**UNITED STATE EMBASSY INFORMATION**

<b>EMBASSY LOCATION/ADDRESS:</b>	<b>EMBASSY PHONE NUMBER</b>
----------------------------------	-----------------------------

**ADDITIONAL TRAVEL PLANS (IF APPLICABLE)**

<b>PRE OR POST ELECTIVE TRAVEL PLANS (INCLUDE DATES, LOCATIONS, ACCOMPANYING FRIENDS/FAMILY):</b>
---



**School of Medicine**  
**Student Statement of Responsibility, Release, Authorization and Acknowledgement of Risks**

My participation in my planned international experience is completely voluntary. Therefore, I...

- ❖ Assume full legal and financial responsibility for my participation in the program.
- ❖ Will be responsible for all trip costs and any other expense associated with this experience (whether already paid or not). If I withdraw (or am required to withdraw) from the elective for any reason once the trip has commenced, I remain fully responsible for such costs.
- ❖ Grant Baylor College of Medicine (BCM), and 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 elective. Approved actions include authorizing medical treatment, contacting my emergency contacts, and returning me to the United States on my behalf and at my expense.
- ❖ 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 elective. I acknowledge I am ultimately responsible for establishing a health care plan and 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 BCM encourages me to have appropriate insurance coverage for the entire time I am abroad.
- ❖ Agree to conform to all applicable policies, rules, regulations and standards of conduct as established by BCM and any sponsoring institution(s) and/or foreign affiliates.
- ❖ Agree voluntarily and without reservation to indemnify and hold harmless Baylor College of Medicine and their respective officers, employees, and/or 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 BCM while acting within the scope of their employment or agency, as a result of my travel, including any travel incident thereto.
- ❖ Understand that there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or at my workplace. 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;
  - Health risks due to contagions, pathogens, and other diseases
  - Local weather and environmental conditions.
- ❖ Agree to abide by the laws and customs of the country where my elective will take place.

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.

\_\_\_\_\_  
**NAME (PLEASE PRINT)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



**School of Medicine**  
**Student Waiver for Countries with U.S. Department of State Travel Warning Issued**

I understand and acknowledge that my participation in an elective rotation located in a country with an issued U.S. Department of State Travel Warning is voluntary. (Travel may not occur to a country in level 4 status or higher.) Without reservation or limitation, I assume all risks associated with my participation in said program. I understand that there are always many unpredictable and serious risks associated with travel abroad, and that such risks are common in countries for which a travel warning has been issued. These risks can and do have many underpinnings, including but not limited to the following: travel to and from and within a particular state, country or region; foreign political, legal, military, social and economic conditions; different standards of civil defense procedures, design, safety and maintenance of buildings, public places and modes of transportation; local medical and emergency services; local weather and environmental conditions.

Given the range of risks generally associated with travel, and the likelihood that some or all of these risks are pertinent to an academic program located in a country with a U.S. Department of State Travel Warning, I hereby acknowledge that I assume all responsibility for my personal health, safety and welfare as a consequence of my voluntary participation in an elective rotation in the country named below. I further acknowledge that no person at Baylor College of Medicine can offer me any guarantees regarding my personal health, safety and welfare, and that I have not been provided with any assurances about local conditions in the country to which I will travel that I construe as such assurances.

---

**STUDENT NAME (PLEASE PRINT)**

---

**SIGNATURE**

---

**DATE**



**School of Medicine  
Student Options for Travel Insurance**

The Baylor College of Medicine Student Health Insurance Plan (SHIP) is provided through Blue Cross Blue Shield. If you are enrolled in the SHIP then you have access to Academic Emergency Services, which include Emergency Travel Assistance Services. Information on the benefit can be accessed at <https://bcm.myahpcare.com/benefits> . Participants should review their coverage with the SHIP and familiarize themselves with the procedures for obtaining medical care and other services while in a foreign country.

If you have health insurance with another company, you are encouraged to review your policy for services provided in a foreign country. If your policy does not provide foreign health care, you might want to consider supplementing your health insurance coverage with one of the short-term insurance policies designed for international travelers. Insurance companies that provide such services are:

International SOS ([www.internationalsos.com](http://www.internationalsos.com))

A discount on coverage is available to all whose medical school is a member of the International Health Medical Education Consortium. Baylor is a member of the IHMEC.

Wallach & Company, Inc. ([www.wallach.com](http://www.wallach.com))

Please provide your insurance information below AND attach a copy of your insurance card:

<b>STUDENT NAME:</b>		<b>DATE OF BIRTH:</b>	
<b>INSURANCE COMPANY:</b>		<b>POLICY NUMBER:</b>	
<b>SITE LOCATION:</b>		<b>COUNTRY:</b>	
<b>ROTATION DATES:</b>			

I have reviewed the international coverage offered in my insurance plan and found it adequate to my needs. I certify the Information I provided above is effective until my return date to United States.

\_\_\_\_\_  
**STUDENT NAME (PLEASE PRINT)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**