

INTERNATIONAL TRAVEL TO HIGH RISK AREAS WAIVER REQUEST

Traveler's Name: _____

Traveler's Title/Role: _____

Department _____ Department Contact: _____

Destination City/Town & Country/Countries: _____

Departure Date: _____ Return Date: _____

WHEN TO USE THIS FORM:

On April 22, 2010, the Chancellor of the University of Texas system issued a directive memo requiring all University of Texas students, faculty, and staff "traveling on university business or university-sponsored programs" to countries or regions for which the U.S. Department of State has issued a formal Travel Warning or where "significant health or safety concerns are present" obtain approval in advance for the travel from the university's International Oversight Committee (IOC). The U.S. Department of State's website at <http://travel.state.gov/content/passports/en/alertswarnings.html> indicates the countries for which Travel Warnings have been issued.

If a faculty or staff member, student, postdoctoral fellow, medical resident, clinical fellow, and person in any other role officially associated with the university is traveling pursuant to university business (*regardless if funding is provided*) or on a university-sponsored program to a country with a U.S. Department of State Travel Warning, this form must be completed and submitted with the required supporting documentation described below to the Office of International Services (OIS) at international@uthscsa.edu or in person at Room 331A MED (next to Holly Auditorium). If the traveler is taking personal or vacation leave for the entire duration of the trip; the trip is not being funded by the university or in any other manner sponsored by the university; *and* the individual is not representing the university in any capacity, then the travel may be considered personal and does not require approval from the IOC.

Once the complete waiver request packet is received by the OIS, the request will be forwarded for review by the IOC and you will receive a response from the IOC via e-mail within 2 weeks of submission. This form, inclusive of all accompanying documentation, will be retained by the OIS. If you have questions about this waiver request process, contact the OIS or the Travel Services Office.

WHAT TO ATTACH TO THIS FORM:

Please attach a detailed itinerary that summarizes all of the following:

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| <input type="checkbox"/> Modes of transportation to, within and from destination(s) (e.g. taxi, shuttle, ride from local colleagues/hosts, etc...) | <input type="checkbox"/> People accompanying you |
| <input type="checkbox"/> Schedule including dates of travel in-country and list of specific destinations within country(ies) | <input type="checkbox"/> Purpose of trip and benefit to the Health Science Center |
| | <input type="checkbox"/> Lodging (hotel names and phone numbers, host's contact information, etc...) |
| | <input type="checkbox"/> Any organizations, companies, and/or universities sponsoring the trip |

Please attach copies of the following documents (with English translations if applicable):

- Conference/seminar brochure, email messages, and other materials regarding event
- Email message, letters, etc... to speak/present at event
- Proposed flight itinerary
- Hotel reservations

TRAVELER'S OBLIGATIONS & RESPONSIBILITIES:

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s). I am familiar with the basic international travel safety precautions for the area in which I am traveling to. I have read and understand the following information:

- The U.S. Department of State (DOS) Travel Warning for Destination <http://travel.state.gov/content/passports/en/alertswarnings.html>
- The International SOS Traveler Security Online Update (Member ID: **11BSGC000037**): <http://www.internationalsos.com/en/>

I also understand that it is highly recommended that I contact International SOS (215-942-8478) in advance of my trip for a free telephone pre-travel safety briefing from regional specialists regarding travel security, medical concerns, etc... based upon my particular itinerary.

2. I have provided a description of the proposed project to the program, department, or school that is funding the trip and have received approval from the funding authority. I have also received approval from my Department Chair and Dean.
3. I have made all appropriate travel arrangements outlined in my attached itinerary in accordance with the Handbook of Operating Procedures (HOP) Chapter 15 and the guidance provided by the Travel Services Office.
4. If I did not book my airline flights through Anthony Travel or Corporate Travel Planners, I have registered my travel with International SOS: <http://www.internationalsos.com/member-zone>
 - Enter Membership ID: **11BSGC000037**.
 - Create an account with **MyTrips** and then forward itinerary confirmation email to mytrips@travelsecurity.com.

It is highly recommended that all travelers go to the website of International SOS and print out the membership card to carry with them. *International SOS also offers a free Assistance App which provides up-to-date travel security and medical information.*

5. I have created an Emergency Record in the International SOS system to store and access health, contact, and vaccination information.
6. If I am a U.S. citizen, I have enrolled my travel with the U.S. Department of State's Smart Traveler Enrollment Program (STEP): <https://step.state.gov/step/>. If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate.
7. I have verified that my health insurance is appropriate for my travels and have obtained current health information, including recommended precautions and vaccinations for the area I am traveling to from the Centers for Disease Control and Prevention (<http://www.cdc.gov/travel/destinations/list>).
8. I have confirmed with the personal responsible for professional credentialing in my school that if I am performing any clinical activities in the destination country, I am compliant with that country's licensure requirements.
9. I know conditions in my destination(s) may change rapidly and will stay informed of current events on a frequent basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate (See DOS Travel Warning for contact information.), and from the DOS, International SOS, CDC and WHO websites.
10. I understand that if I encounter difficulties while abroad I should immediately contact International SOS (215-942-8478 or 215-942-8226), Dr. Michael Charlton, the Assistant Vice President for Risk Management and Safety (210-567-2955), and my direct supervisor/departmental chair.
11. I know that I am not required or encouraged to travel to this destination. I am voluntarily traveling to the destination(s) mentioned above and assume all risk associated with this travel.

EMERGENCY CONTACT INFORMATION:

Contact Name:	Email:
Relation to Traveler:	Cell:
Physical Address:	Work:

REQUIRED SIGNATURES:

Signature of Traveler

Date

Approval by Department Chair Signature

Department Chair Printed Name

Date

Approval by Dean

Date