

## Pre-Travel Safety/Information Form

Please return this completed form to Gina Ralph at MERB 229 at least 4 weeks before your departure.

Name: \_\_\_\_\_ Med School Year: (Circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup>  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

International Phone or Other Contact Info: \_\_\_\_\_

Dates of Travel: Departure from US: (    /    / \_\_\_\_\_ ) Return to US: (    /    / \_\_\_\_\_ )

Airline: \_\_\_\_\_

Flight Numbers Departure from US: \_\_\_\_\_

Flight Numbers Return to US: \_\_\_\_\_

Name of Site or Organization: \_\_\_\_\_

Site Location: \_\_\_\_\_

Site Contact Person (Name & Title): \_\_\_\_\_

Site Contact Phone number (Including country code): \_\_\_\_\_

Site Contact Email Address: \_\_\_\_\_

Do You Have All Required Vaccinations/Medications/Visas/Passport? \_\_\_\_\_

Have You Researched Safety Recommendations From The State Department?: \_\_\_\_\_

Expected Activities at Site: \_\_\_\_\_

\_\_\_\_\_

Other Expected Travel Plans (Not at main site): \_\_\_\_\_

\_\_\_\_\_

### Personal Emergency Contact 1

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Personal Emergency Contact 2

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Received: \_\_\_\_\_