**FORM 3: International Site Assessment – REQUIREMENTS**

*After you receive approval from the Special Electives Committee, please fulfill these pre-departure requirements. Please investigate, complete and provide a signed copy of this form for final approval. Until both this from and the process through Drexel Global have been completed and accepted, you are not approved to travel.*

In choosing to participate in an elective, non-required international experience abroad, as DUCOM students, you must be mindful of your legal and ethical responsibility to only engage in activities for which you have the appropriate training and supervision.

**You also should be aware that there are very significant limitations to the medical malpractice coverage provided by Drexel to students on international electives. Students have medical malpractice coverage provided that they are on a Drexel-approved international elective with an approved preceptor and engaged in activities that are part of the elective. However, this coverage is available only if the claim is made and any legal proceedings are pursued within the United States, its territories and possessions, including Puerto Rico. This coverage is also not available if the international elective occurs in any country or jurisdiction which is subject to trade or other economic sanction or embargo by the United States of America. Therefore, you will NOT have insurance coverage through Drexel if a malpractice claim or lawsuit is brought against you in the country where you did the elective or some other foreign court that may have jurisdiction over you. You may wish to obtain medical malpractice insurance that will cover you if a lawsuit is brought against you in the country where your elective will occur. You must obtain this coverage on your own and will need to pay for this insurance with your own funds. Please note, that Drexel University cannot advise, review or otherwise determine the adequacy of the malpractice insurance that you purchase.**

**Health (Personal and Occupational)**

* We require that you visit your primary care physician or any health service provider **AND** follow their directions for:
  + Travel vaccinations
  + Management of general health issues
  + Post-exposure prophylaxis
    - We require that you carry a month’s supply of prophylaxis medications with you
  + Post-return follow-up as required or needed depending on the country
* I have visited and followed their directions.
* Are there health safety risks or security risks associated with the elective (infectious disease exposure, violence or pollical instability.)?
  + If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + And please describe how you will mitigate those risks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does your site have an emergency response plan, and do you have a copy of it? What post-exposure prophylaxis guidelines are available at your site?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + In case of an emergency:
    - Identify nearest hospital or emergency health service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - On Call International 603.952.2038
  + We require that you carry a month’s supply of prophylaxis required medications with you.
    - Are there guidelines/risks about carrying medications with you (pills or others such as insulin syringes)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Personal protective equipment (as appropriate, i.e., eye protection, gloves, mask, etc.)
  + We require that you use OSHA precautions and personal protective equipment (PPE) as appropriate.
  + For low-resource areas, bring your own supply.
* You will not engage in any clinical procedures for which you are not properly trained or lack proper on-site supervision
* You are required to have health insurance that provides international coverage.
  + - Please check with your own health insurance and learn what is covered once you leave the U.S.
    - Any health insurance funded by state or federal government does not provide international coverage.
  + Find out if the country you are visiting will expect you to pay any medical bills in cash (and then will be reimbursed by your own insurance).
* Drexel University has limited medical and emergency assistance coverage through On Call. This is a supplemental insurance, not meant to replace your own health insurance. This means that all Drexel University faculty, students and staff who travel internationally for Drexel purposes (not personal) are automatically covered by On Call emergency, evacuation and repatriation coverage. You are automatically enrolled in this coverage upon registration with Drexel Office of Global Engagement and payment of the required fee.

**U.S. Department of State Travel Advisories High and High Risk Travel.**

Department of State Travel Advisory and Alert information may be found on the U.S. Department of State website: <http://www.state.gov/travel/>).

If the country is on the trade embargo list, has a Travel Advisory of 3 or 4, or Travel Alert, or is otherwise deemed high risk by the Office of Global Safety and Operations, the students’ application will be rigorously reviewed individually and may not be approved.

Please answer the following questions:

* What are current U.S. Department of State travel advisories, alerts or messages? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is there any political instability or ongoing unrest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are there any safety considerations or notes for travelers regarding gender, sexual orientation, religion, race or ethnicity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are considering travel to a site with a [High-Risk designation](http://drexel.edu/oip/program-development/international%20health/), the Travel Risk Review Committee requires further information:

* Provide a written justification for the important/value of this location to your learning objectives.
* Provide an evacuation emergency safety plan.
* Sign the addendum to the Terms and Conditions of Participation (after registering NCEA with Education Abroad)
* You will need to provide this information to the Drexel Office of Global Engagement & Education Abroad who will then send to the Travel Risk Review Committee for consideration of approval.

**Photography**

When taking photographs and video recordings, respect others’ privacy and avoid posting others’ information. As a general best practice, requests not to be photographed or to be recorded in video, even in public spaces, should be respected. Due to the sensitive nature of patient information and to protect patient privacy, steps must be taken to protect patients from unauthorized photography or video recording. If you are obtaining patients’ pictures — for presentations or educational purposes — written consent shall be obtained from the patient prior to taking any photographs or video recordings.

**Pre-departure Reading**

We want your global experience to be safe, as well as culturally and ethically appropriate. Thus, before departure, students are required to complete the readings regarding **cultural and ethical competency** foundin the Global Health Resources.

* I have completed this.

**I understand the information contained in this form and agree to comply with all requirements stated herein. I affirm that my responses are truthful and that I will adhere to all DUCOM policies and procedures related to my international experience.**

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**Signature Date**

**Upon completion of all requirements, please turn in this form to Dr. Varjavand. Then, contact Office of Global Engagement & Education Abroad,** [global@drexel.edu](mailto:global@grexel.edu) **for your registration and final step in the approval process.**