

Acknowledgement of Travel Responsibilities and Limitations of Support

Domestic Travel

Any Drexel University, Academy of Natural Sciences, Drexel University Online, or API (“Drexel”) faculty or professional staff member traveling for approved Drexel-affiliated travel, as outlined in the University COVID-19 Travel Protocols, must review and acknowledge the following information prior to travel. Approved travelers will officially sign this acknowledgement as part of their post-approval registration in Drexel’s GRAND System. Please review the [Travel Guidance](#) provided to you by the Essential Travel Review Committee (ETRC) for more information.

I acknowledge and agree to the following:

- I understand that Drexel recommends that I only engage in travel if I am in good health and am free from any physical or mental ailment or disability requiring medical, surgical, or other care or treatment which might endanger my health or safety or the health and safety of those with whom I may come in contact. I also understand that Drexel recommends that I speak to my physician prior to traveling to obtain medical clearance to travel.
- I agree to check before my departure how my medical health insurance coverage will respond with respect to my location of travel.
- I have familiarized myself with the Centers for Disease Control and Prevention (CDC <http://www.cdc.gov>) guidelines and recommendations for travel and the state public health recommendations for my destination and return location.
- During travel, I understand that I will be subject to all local laws and regulations of the destination. These laws and regulations could impact entry and exit capabilities, access to transportation, business operations, free movement, and more. Drexel, may be limited in its ability to provide assistance to me in order to abide by, or should I fail to abide by, any such regulations. It is my responsibility to be aware of these regulations and plan accordingly or defer travel if such regulations would limit the successful completion of my intended travel purpose.
- As a traveler, I understand that I may incur additional fees or travel costs if travel is cancelled, preventative quarantine is required, local operations are suspended, my stay is extended as a result of travel restrictions, or for other reasons. Prior to travel, I will speak with the division, department, office, or organization sponsoring or organizing my travel and confirm whether financial support under such circumstances will be available and any limitations that may apply.
- It is my responsibility to secure the necessary supply of masks, sanitizing products, or other related supplies that may be required in order to access transportation, appear in public, or visit any operating establishments during my travel.
- I understand that Drexel recommends travelers, even those who are vaccinated, take precautions to prevent infection, including wearing a mask when in indoor settings with others who are either unvaccinated or whose vaccination status is unknown.
- Despite the University’s current position restricting domestic and international travel during the COVID-19 global pandemic, an exception to approve this travel was granted by Drexel, at my request. Given the evolving nature of the pandemic, and in accordance with public health directives in the respective

locations of my travel, Drexel reserves the right to revoke this approval if health and safety conditions change.

- I understand that Drexel requires all travelers on university-related travel to be fully vaccinated for COVID-19 prior to departure unless a University-approved medical or religious exemption has been granted. I further understand that even if fully vaccinated for COVID-19, I may still become infected with COVID-19, and I am willing to accept this risk.
- It is my responsibility to cover preventative quarantine costs, such as hotel or meal costs, for 14 day self-quarantine upon arrival in my destination and/or upon return, as well as any costs for testing or treatment, unless determined to be an appropriate University expense by the division, department, office, or organization sponsoring or organizing my travel.

Faculty/Staff Signature

Date

Title

Printed Name

For questions concerning this Acknowledgement, please contact Covid19travel@drexel.edu.