

Request for Exception for University-Related Travel during COVID-19 Pandemic

The COVID-19 pandemic continues to affect states and countries differently and travel increases your chance of getting and spreading COVI-19. Multiple factors must be considered and shared among university units in order to resume essential university-related travel in a safe and carefully considered manner.

This form and the information it contains will serve as the first step in the process to request an exception to the current restrictions on all university-related travel. All requests must first be approved by the Dean/Senior Administrator for your unit.

This request is required for any international travel or domestic travel involving non-vaccinated individuals.

This request form does not apply to clinical practice travel. Any other students completing this form should work closely with their faculty/staff advisor on its completion.

Please complete this form in full & submit to Essential Travel Review Committee (ETRC) at: Covid19travel@drexel.edu.

Part I. Traveler Information and Travel Details

Name of Traveler

Role of Traveler (faculty, staff, post-doc, student: MS/PhD/MD, co-op, undergraduate)

Best Contact Telephone #

Sponsoring College/School/Unit

Department

Anticipated Departure

Anticipated Return

Faculty and staff traveling for conferences and research (up to 30 days) may opt into On Call quarantine coverage for a cost of \$60 per traveler, per trip.

Opt In Decline (COVID quarantine will be paid for by my department, sponsor, or personal funds)

Students (MS/PhD/MD, Co-op, undergraduate) engaging in international travel lasting 6 to 31 days are required to secure On-Call quarantine coverage. Please reach-out to <u>Covid19travel@drexel.edu</u> for more information regarding this requirement.

Student On Call quarantine coverage can be purchased here: On Call Student Short Term Quarantine Coverage

Please check the category that best describes your travel:	Academic	Research	University Business
Please provide the reason for your travel below.			
Destination Partner/Local Contact if applicable, including typ	e of facility a	nd phone number	r:
Part II. COVID-19 Status and Protocols for Destinati	<u>ion</u>		
Is self-isolation required upon your arrival in your destination	? Yes	No	
Is self-isolation required upon your return from your destination	on? Yes	No	
Are there other entrance requirements for the destination? Domestic: See public health local, tribal and state guidelines for the destination? International: https://www.iatatravelcentre.com/world.php If yes, please describe requirements:	Yes for the US.	No	
US State Department Advisory Level for Destination (international locations only) https://travel.state.gov/content/	travel.html		
Part III. Travel Logistics			
How will this travel be funded, including funding for pot or care? Select all that apply. Departmental Funds	tential self-is Grant Fu		TD-19 testing, treatment al Funds Other Funds
Describe transport to/from destination(air/rail/car/public transport to/from destination(air/rai	port)including	g to/from airport/t	crain station.
Describe the lodging options that will be used during the trave	el.		
Please provide a local emergency contact (name, phone, email, relationship)			

Please identify the medical facility closest to your lodging.			
Does your personal insurance provide medical coverage in your destination, including for COVID-19?	Yes	No	
Please describe local protocols if you are experiencing any Co a COVID-19 test.	OVID-19 sympt	oms, including how t	o obtain
Please describe your contingency plans in the event that an u flights, spike in infections, locally-mandated lock-down or go			
I understand that travel increases my risk of COVID-19 in non-stop flights, sanitizing regularly, social distancing, et risk whenever possible.			
Part IV. College/School/Unit Approval This travel is considered to be essential to the core researe University.	ch, educational	or business function	as of the
College/School Dean/VP of Unit	Date		
If you are not a Dean or VP, have you been designated as an	approver of trav	el for your unit?	Yes No