



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 COVID-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 as essential business travel** by the Dean/Senior Administrator for your unit.

This request is required for any travel (domestic or international) involving an OVERNIGHT stay.

This request form does not apply to co-op or 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 Location

Name of Traveler

Drexel Email/Username (abc123)

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

Best Contact Telephone #

Sponsoring College/School/Unit

Department

Has the traveler completed COVID-19 Training?

Yes

No

Location(s) of travel (city, state, country)

Anticipated Departure

Anticipated Return

The expenses for this travel are supported by a grant or external funding.

Yes

No

Essential travel during the COVID 19 pandemic currently includes:

- **Academic** – student travel that is for an academic purpose that is *necessary and cannot be postponed or handled remotely* (i.e., for graduation, academic progress, research experience, etc.).
- **Research** -- travel required for a professional purpose that is *necessary and cannot be postponed or handled remotely*.
 - Is necessary to preserve the safety/well-being of research subjects and/or participants
 - Preserves the continuity of research that cannot be repeated, replaced or performed remotely.
 - Advances critical research in the national or global interest
- **University Business** - Travel that is *critical to and necessary for the core educational and business functions of the University* presently or for the continuation of those core functions in the future.

Please check the category of exception: Academic Research University Business

Describe the objectives and essential activities to be achieved through the travel and how the requested exception meets the definition of essential travel

Destination Partner/Local Contact if applicable, including type of facility and phone number

Part II. COVID-19 Status in Destination

CDC Advisory Level for Destination

Domestic: <https://www.cdc.gov/covid-data-tracker/index.html#cases>

International: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>

Is self-isolation required upon your arrival in your destination? Yes No

Is self-isolation required upon your return from your destination? Yes No

Are there other entrance requirements for the destination? Yes No
Domestic: See public health local, tribal and state guidelines for the US.
International: <https://www.iatatravelcentre.com/world.php>

If yes, please describe requirements:

US State Department Advisory Level for Destination
(international locations only)
<https://travel.state.gov/content/travel.html>

Are your proposed activities viable with local social distancing requirements? Yes No

If you are being hosted by a local institution/program/lab, please describe COVID-19 risk mitigation measures that are in place.

Part III. Travel Logistics

Describe transport to/from destination (air/rail/car/public transport) including to/from airport/train station.

If you are using air travel, are non-stop flights available? Yes No

If travelling by air, are multiple flights available per week? Yes No per day? Yes No

Describe lodging and meal options that will be used.

Please provide a local emergency contact (name, phone, email, relationship)

Please identify a local medical facility for COVID-19 medical care.

Does your personal insurance provide medical coverage in your destination, including for COVID-19? Yes No

For travel of more than 7 days, please describe local protocols if you are experiencing any COVID-19 symptoms, including how to obtain a COVID-19 test.

Please describe your contingency plans in the event that an unexpected event occurs (i.e., cancellation of flights, spike in infections, locally-mandated lockdown or government mandate or University requirement.)

How will this travel be funded, including funding for potential self-isolation or COVID-19 testing, treatment or care? Include an approximation of expenses and the budget codes to be used for purchase of tickets.

Part IV. College/School/Unit Approval

This travel is considered to be essential to the core research, educational or business functions of the University.

College/School Dean/VP of Unit

Date

If you are not a Dean or VP, have you been designated as an approver of travel for your unit? Yes No

For ETRC use only:

Recommendation of Chair (comments may be attached)

Chair of ETRC/Date

VP Research/Date
(if applicable)

Date received by ETRC

CC: Risk Management _____
Travel Office _____