

Traveler Name: \_\_\_\_\_ Travel Dates: \_\_\_\_\_

Travel Location: \_\_\_\_\_

## UNC Allied Health Global Outreach Checklist

### Pre-trip Requirement Checklist

**This form must be printed and submitted no later than 6 weeks prior to travel.**

This sheet must be completed and all copies of supporting documentation, as well as this completed checklist, submitted to your division's UNC Global Outreach Faculty. *By signing this document, you are also attesting that you have sufficient funding for tuition, travel, accommodations and any other costs that may arise.* Initial here: \_\_\_\_\_

- I have reviewed travel warnings/security/health updates/vaccination requirements on the country I am visiting (please initial each item below once complete):
- \_\_\_\_\_ <https://travel.state.gov/content/travel/en/international-travel.html>
  - \_\_\_\_\_ <https://global.unc.edu/files/2018/02/UNC-Travel-Policy-Final.pdf>
  - \_\_\_\_\_ <http://www.youtube.com/watch?v=lZfgMlKp5mg&list=PL368698865CF956AD&index=1>
  - \_\_\_\_\_ <http://www.who.int/countries/gtm/en/> (Guatemala specific)
  - \_\_\_\_\_ Kidnapping/ransom insurance, (obtain if desired) <https://www.kidnaptravelinsurance.com/>
- Participant Information Form (submit page 2 with checklist)
- Health Self-Assessment (submit page 3 with checklist)
- Code of Conduct (submit page 4 with checklist)
- Provide a current copy of clinical education immunization documentation
- Copy of passport with expiration at least 6 months post travel (submit with checklist)
- Copy of airline itinerary (submit with checklist and with name circled)
- Read vaccination requirements/recommendations for travel, see [www.cdc.gov/travel](http://www.cdc.gov/travel) consult with Campus Health travel nurse or personal provider to obtain any necessary immunizations. Please note Hepatitis A is recommended for most travelers to Guatemala.
- Study Abroad Accident and Sickness Insurance and Political Security and Natural Disaster Evacuation Services Offered by HTH Worldwide* (submit copy of ID card with checklist) <http://www.hthstudents.com/> - obtain coverage for day of departure to two days after return date.
- Register with US Consulate in country visiting (<https://step.state.gov/step/>)
- Register with UNC global travel (<http://globaltravel.unc.edu/login.cfm>)
- Sign Release and Hold Harmless Agreement/Travel Waiver  
<http://sww.unc.edu/files/web/pdf/IndiaUniversityHoldHarmlessAgreement.pdf>
- Read the UNC-CH Policy Concerning Study, Travel, and Research <https://global.unc.edu/travel-info/state-department-travel-warnings/>.
- Attend orientation \_\_\_\_\_ Date of orientation attended (*If required*)

By signing my name below, I acknowledge that I have read all travel warnings pertaining to the country to which I am traveling. I permit my AHS contact to contact my emergency contact if I am in a medical emergency. I certify that all responses on the Health Self-Assessment Form are true and accurate, and I will notify my UNC Faculty contact of any relevant changes in my health that occur prior to the start of the trip. I have successfully completed the checklist above in its entirety, and have a copy of the information to carry when I travel.

Signature: \_\_\_\_\_

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

Course # \_\_\_\_\_

***OT Students Only:***

Agency/Site: \_\_\_\_\_

FW1 FWII Service Learning

# PARTICIPANT INFORMATION FORM

## Participant Information

Name (as it appears on passport): \_\_\_\_\_

Birth date: \_\_\_\_\_

PID: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Current Address:

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Email Address: \_\_\_\_\_

## Emergency Contact Information

### Primary:

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

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

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Address:

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Email address: \_\_\_\_\_

### Secondary:

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

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

Telephone – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Address:

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Email address: \_\_\_\_\_

# HEALTH SELF-ASSESSMENT

This form is to be completed by the participant.

The purpose of this form is to help the program be of maximum assistance to you should the need arise during your study abroad experience and to ensure the successful operation of this program. What might be mild physical or psychological disorders while at home can become serious under the stresses of life while abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you while abroad. Please note that the geographic area of travel may not be able to accommodate all reported individual needs or circumstances.

This service trip involves working in physically and emotionally demanding situations. Clinical work activities may include long hours, warm/hot conditions, moderate-heavy lifting activities, and access to water and food may be difficult on demand. Students should be advised that they will be responsible for carrying adequate food and water with them for each day.

This disclosure of medical history and current status will allow us to direct you to more specific sources of information about support services you can reasonably expect to find while abroad. The information provided here will be shared only with AHS faculty, staff, additional leadership members, and/or university officials, as deemed necessary. If you **DO NOT** report a medical condition, our ability to assist you in case of an emergency may be compromised.

## MEDICAL HISTORY

1. Please circle the level that best describes your general physical condition:  
Excellent      Very good      Good      Fair      Poor
2. Have you had any major injuries, diseases or ailments in the past 5 years?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever been treated had any psychological or emotional issues that could influence your ability to fully participate in all aspects of the travel experience?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Do you have any allergies?  Yes  No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_
5. Are you currently taking any prescription medications or receiving medical treatment?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
6. Is there any additional information that could negatively impact your participation in the program, your travel, and/or the successful operation of the program?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Any inaccurate or misleading information may lead to ineligibility to participate in the Project.

If you answered yes to any or all of 2-6 above, we strongly advise you to see your medical provider before your departure to discuss your plans to travel abroad. Additionally, at the discretion of your UNC Division Faculty, you may be required to obtain physician clearance to participate in the Project.

# CODE OF CONDUCT FOR INTERNATIONAL LEARNING EXPERIENCES

**Purpose of the Trip** - International learning experiences provide students a practice and cultural learning experience while providing meaningful service to clients and the profession..

**Expectations** - Professional behavior is expected at all times, even given personally and professionally challenging situations. Students represent UNC, the Division, and the profession. Student are expected to consistently demonstrate respect for others and personal responsibility for conduct.

- Maintain appropriate professional behavior at all times
- Put needs and interests of the local people first, respecting local culture and relationships
- Maintain consistent contact with the Academic Fieldwork Coordinator (or representative) at least weekly.
- Consider the needs of peers and supervisors before individual needs, interests, and desires
- Abide by the laws and customs that govern host country, as well as the laws that govern the US, including refraining from participation in corruption and bribes
- Actively engage in learning and cultural experiences, showing respect and interest
- Be flexible and adaptable to unforeseen challenges or changes
- Respect the Profession’s Code of Ethics and UNC Honor Code
- Dress professionally, demonstrating respect for the local norms
- Be on time and prepared, and meet work deadlines
- Be responsible for personal safety and health, as well as protecting personal belongings
- Travel with companions when safety is in question
- Avoid risky and inappropriate behaviors at all times, including but not limited to excessive use of alcohol

## **Violations of Code of Conduct:**

Inappropriate behaviors may lead to disciplinary action within UNC and may be addressed by local authorities. If violations of the Code of Conduct are discovered after the completion of travel, the participant will be subject to disciplinary action.

If a student poses a threat of substantial disruption to Relationships or a UNC Project and its mission and objectives or imminent danger to self or others, the student may be immediately required to return home. If a participant is not in compliance with the aforementioned expectations, individual behavior becomes disruptive, or individual needs become disproportionately excessive, then the following procedures will be initiated:

Initial Report: Reports of suspected violations of the Code of Conduct will be provided to the UNC Division. Fieldwork coordinator collects information from the student and the student’s local supervisors and contact persons.

Notice and Review: Division faculty determines if the initial report warrants further review. The student will be notified of the initial report and forthcoming actions by the Division faculty.

Final Decision: The Division Core Faculty Members will render a Final Decision Statement and it will be provided to the participant in writing. If the student is determined to be in violation of the Code of Conduct, an explicit plan of action, including potential dismissal, will be outlined in the Final Decision Statement. Outcomes from the Final Decision Statement will be reported to the Division Director for review and action..

Signature: \_\_\_\_\_

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