



Pre-trip Requirement Checklist

Name of Participant

These forms should be turned in along with copies of your passport and itinerary to the Center for Global Health office, 4256 HSLC, at least three weeks before departure. **UW-Madison students are required to have CISI insurance.** CISI insurance can be purchased from Annie Lietzow in the CGH office. The financial aid form is required only for medical students applying for financial aid. Also, please visit the State Department and Centers for Disease Control web sites for updates on the country you will be visiting and then sign the checklist. If you have any questions contact Annie Lietzow at lietzow@wisc.edu or (608)262-3862.

- Approval
- Contact Information
- Health Self Assessment
- CISI Insurance (required by UW-Madison)
- Goals and Guidelines
- Release
- Financial aid (optional and for medical students only)
- Copy of passport photo/signature page
- Copy of airline itinerary
- Emergency Contact Card
- Preceptor Evaluation Form

Reminder: please submit a summary of your trip when you return.

I have visited the US State Department Country Report Web site www.travel.state.gov/travel for travel advisories and have registered with the US embassy in the country I am visiting. I have also visited the CDC Web site www.cdc.gov/travel for current travel vaccinations. I understand that if I have questions regarding vaccinations I should discuss this with my doctor.

Signature of participant

date

Useful links

Volunteer and Field Opportunities <http://www.pophealth.wisc.edu/gh/GHFieldLink.htm>

Funding <http://www.pophealth.wisc.edu/gh/FundingLinks.htm>

CGH Travel Policies and Procedures <http://www.pophealth.wisc.edu/gh/policies.htm>

Travel Health and Safety <http://www.pophealth.wisc.edu/gh/TravelSafeLinks.htm>

What to Bring Abroad <http://www.pophealth.wisc.edu/gh/bring.htm>

Center for Global Health Independent Study/Certificate Field Experience Approval Form

*This form must be submitted at least **8 weeks** prior to start of a Global Health elective. **Attach a copy of your field experience proposal, letter of acceptance from the site and your learning goals for the elective.** Return or email to Annie Lietzow lietzow@wisc.edu, Center for Global Health, Room 4256, Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.*

Date Submitted: _____

Student Information

Name: _____ ID Number: _____
Telephone: _____ Pager Number: _____
Email Address: _____

Elective Site Information

Country: _____ City: _____
Hospital, Clinic or Organization: _____
Department (if applicable): _____
In-country Supervisor: _____
Site Contact Person (if different from supervisor): _____
Address: _____
Telephone: _____
FAX: _____ E-mail (if available): _____
Is this country on the State Department warning list (www.travel.state.gov/travel)? _____

Course Information

Dates of Elective: _____
Dates of Travel: _____
Discipline or Department of Elective and course number: _____
UW faculty advisor(s) for this elective, if applicable: _____
Credits (if applicable): _____

CGH Director or Advisor Approval

Signature: _____ Date: _____

Contact Information

Student Information

Name: _____
Last First MI

Birthdate: _____ Student ID # _____ Passport #: _____

School: _____ Program: _____

Elective Dates: _____ Country: _____

Current Address: _____

Phone: _____ Email: _____

I have purchased a CISI medical evacuation insurance policy.

EMERGENCY CONTACTS

U.S. Contact

Name: _____ Relationship: _____

Phone #: (Work) _____ (Home) _____

Address: _____

I authorize the CGH to contact this person in the event of an emergency.

Elective Site Contact

Organization and Supervisor: _____

Address: _____

Phone/Fax: _____

US Embassy Contact (Go to State Department Website for contact information <http://travel.state.gov>)

If you experience any problems or concerns during your elective away do not hesitate to contact the Dean of Students, your advisor or Annie Lietzow.

Pre- or post- elective travel plans (optional):

HEALTH SELF-ASSESSMENT

This form is to be completed by the participant. The purpose of this form is to help CGH to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. We will direct you to more specific sources of information about support services you can reasonably expect to find on site. The information provided will be shared only with program staff, faculty, or university officials, as deemed necessary. Overseas sites may not be able to accommodate all reported individual needs or circumstances. If you do not report a medical condition, our ability to assist you in case of an emergency may be compromised.

This information does not affect your admission into the program.

NAME _____ BIRTHDATE _____ GENDER _____
PROGRAM _____ TERM _____

MEDICAL HISTORY

- Yes ____ No ____ 1. Are you generally in good physical condition? (If no, please explain.)
- Yes ____ No ____ 2. Have you ever been treated or are currently being treated for any psychological or emotional problems? (If yes, please explain.)
- Yes ____ No ____ 3. Do you have any allergies? (If yes, please explain.)
- Yes ____ No ____ 4. Are you taking any medications? (If yes, please explain.)
- Yes ____ No ____ 5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)
- Yes ____ No ____ 6. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain on the back of this form.)

If you answered yes to any or all of No. 2 through No. 6 above, we strongly advise you to see your medical provider before your departure to discuss your plans to study abroad.

I certify that all responses on this Medical Self-Assessment form are true and accurate, and I will notify the Center for Global Health of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____

Goals and Guidelines for UW Global Health Field Experiences

Goals

The UW-Madison Center for Global Health is committed to preparing students for participation in global health electives. Goals of international health electives include providing students with opportunities to:

- Actively participate in the health care system of another country
- Develop knowledge and respect for another culture, language and health practices
- Develop awareness of social, economic and political factors in health and disease
- Recognize, accept, and be able to work within the limits of available resources

Guidelines

While most global electives are uneventful, in some cases unforeseen challenges present themselves to students. These include problems related to unfamiliar cultures and languages, political and social instability, crime, infectious diseases, and other health hazards that may not be common in the US. To ensure that participants understand the risks involved in study abroad and to maximize the educational value of these experiences, UW-Madison requires that students enrolled in a credit-bearing elective outside the US comply with the following policies and procedures. Completion of these Guidelines is the responsibility of the individual student and not the University of Wisconsin-Madison. The CGH office at 4256 HSLC is available to assist students with these steps.

- A. Meet with the Center for Global Health faculty/staff to discuss educational objectives, review elective guidelines and application process, verify academic eligibility, obtain site information, and identify resources for advising and orientation. Students are expected to maintain contact with the office throughout the process of arranging a global health elective.
- B. Gather information concerning any political problems, safety concerns, or health hazards by consulting the US State Department and Centers for Disease Control (CDC) Web sites (see checklist), and by consulting the sponsoring site. UW-Madison CGH travel warning policy does not recommend travel to countries on the US State Department Warning List, but will consider exemptions on a limited basis with at least 4 months lead-time. For more information go to http://www.pophealth.wisc.edu/gh/docs/WarningListPol_Form.pdf
- C. Submit a letter from the in-country supervisor confirming the dates of elective, and including a description of educational activities, on-site supervision, financial obligations and housing arrangements. Obtain elective course approval and complete registration.
- D. Participate in a course or self-directed study for cultural orientation and preparation for the elective as directed by course instructor.
- E. Obtain medical travel advice and immunizations appropriate for host country.
- F. Investigate visa and other entrance requirements that may be enforced in the host country. Register with the US Embassy on the State Department Web site prior to departure.
- G. Purchase **UW System required** Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance can be purchased in the CGH office.
- H. Designate persons both at the elective site and in the US who may be contacted in the event of an emergency.
- I. Adhere to laws of the host country and comply with standards of conduct set by the program site.
- J. Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.
- K. **Certificate students** must submit an evaluation of student academic performance during the global health field experience by the in-country supervisor. **All students** must submit an elective report to the CGH office.

I have read and understand the above goals and guidelines.

Student Signature

Date



UNIVERSITY OF WISCONSIN-MADISON
Statement of Responsibility, Release, Authorization and
Acknowledgement of Risks to participate in Study Abroad and
Exchange Programs

Revised February 2002

I hereby indicate my desire to participate in a study abroad/exchange program in _____, sponsored by the University of Wisconsin-Madison during the period of _____ to _____. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

1. assume full legal and financial responsibility for my participation in the program.
2. will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.
3. grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.
4. realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the program. While my fee for the program includes limited accident and health insurance as well as limited insurance for medical evacuation for the duration of the program while I am overseas, I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.
5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.
6. accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
7. understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.
8. agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (*Board of Regents*) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9. understand that, although the university has made every reasonable effort to assure your safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:
- traveling to and within, and returning from, one or more foreign countries;
 - foreign political, legal, social and economic conditions;
 - different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
 - local medical and emergency services;
 - local weather and environmental conditions.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

Participant's Signature Date

Signature of Parent or Guardian Date
(if participant is less than 18 years of age)

Participant's Name (please print)

ID Number

Financial Aid Budget

Student Name: _____

Student ID #: _____

Dates of Elective/Global Health Field Experience: _____

Country and Site: _____

Estimated Budget:

Airfare and In-country transportation: _____

Tuition or Program Fees: _____

Housing: _____

Required UW-Madison Medical/Evacuation Insurance: \$37.00 per 30 days

Immunizations: _____

Other in-country living expenses: _____

TOTAL REQUESTED (up to full amount): _____

- Please return by mail or email at least four weeks prior to your elective to Annie Lietzow, Center for Global Health, 4256 HSLC, 750 Highland Ave., Madison, WI 53705,
- This information will be forwarded to Amy Schrader, verifying that your elective has been approved.
- **Students should contact Amy Schrader directly (262-3060) to make arrangements to receive financial aid.**

Approved, Center for Global Health

Signature Date

Faxed to Amy Schrader

B. Preceptor Evaluation Form
Center for Global Health UW-Madison

Student Name: _____

Location: _____

Dates From: _____ To: _____

Preceptor's Name: _____

ASSESSMENT OF STUDENT'S ABILITIES

	Not Observed	Unacceptable	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
<i>Cultural Skills</i>						
Respect & Recognize Cultural Differences						
Flexibility in Cross Cultural settings						
Cultural Humility						
<i>Professionalism</i>						
Interactions with co-workers						
Interactions with clients, patients or community members						
Communication skills including active listening						
<i>Work Habits</i>						
Reliability						
Initiative						
Effective						
<i>Knowledge</i>						
General knowledge of discipline						
Awareness of other pertinent information						
OVERALL						

Written assessment of student:

Other suggestions or comments for student: