



International Travel Approval for School of Medicine Students, Residents, and Fellows

** attach completed form to travel request in RASR **

Traveler's Full Name:

Traveler's Department:

Dates of travel: through

Destination:

1. State Department Travel Advisory [Travel Advisories \(state.gov\)](https://travel.state.gov) Level 1 Level 2 Level 3 Level 4

Review and provide a short description of risks cited on the State Department website:

2. CDC Travel Health Notice Level [Destinations](https://www.cdc.gov/travel/destinations) | [Travelers' Health](https://www.cdc.gov/travel/health) | [CDC](https://www.cdc.gov)

Level 1 - Practice
Usual Precautions

Level 2 - Practice
Enhanced Precautions

Level 3 - Reconsider
Nonessential Travel

Level 4 - Avoid
All Travel

Review CDC COVID-19 information: [International Travel during COVID-19](https://www.cdc.gov/covid19)

Review and provide a short description of risks cited on the CDC websites (e.g., Polio, Zika, Mpox, Dengue, COVID-19)

Note: This will enable you to be fully informed of the risks associated with your destination and make an individualized risk assessment that takes into account personal risk factors.

3. Describe how you propose to mitigate *all* the risks cited above during your trip. Factors that strengthen a case for approval include: 1) having support in the destination country (local host, program administrator, family in the destination country); 2) a stay of longer duration; 3) preventive measures against health and security risks, such as high crime, including violent crime and kidnapping.

4. Explanation of how the trip advances the University's educational or research mission.

Traveler's signature: _____

Date: _____

School of Medicine Approvers

Medical Students --> Alice Chuang, MD, Associate Dean for Student Affairs

Resident Physicians and Fellows --> Kerry Thomas, MD, ACGME Designated Institutional Official

I have reviewed Carolina's guidance on international travel and have determined that the articulated benefits to the University of this travel outweigh the risk associated with it. (<https://global.unc.edu/travel-operations/travel-policies/>)

SOM Approval: _____

Date: _____