



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

Risks cited on the State Department website (e.g. due to civil unrest; terrorism; exit ban):

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

Risks cited on CDC website (e.g. Global Polio, Global Measles, Dengue, or no notices in effect):

After making yourself aware of foreseeable risks, including health risks, you should consider personal health factors to make informed decisions about whether to proceed with the planned travel and steps you plan to take to mitigate risk.

3. Describe how you propose to mitigate 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) arranging secure ground transportation and lodging; 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: _____