



Office of Global Health

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Independent Study Packet

Name of Participant

Please turn in all required documents to the School of Medicine and Public Health (SMPH) Office of Global Health, 1191F HSLC, or to teigland@wisc.edu **at least eight weeks prior to departure**. Keep this checklist to ensure that you have met all requirements. ***Please note that all UW-System students studying abroad are required to have Cultural Insurance Services International (CISI) insurance. This should be purchased through UW-Madison's Risk Management Office (scroll down to Self Enrollment) after you have purchased your round-trip airline ticket.*** If you will be applying for financial aid, fill out the Financial Aid Budget form. To submit this form, go into the "eForms" tile in your Student Center, then "financial aid" folder which has the "budget adjustment eForm" within it. You will be instructed to fill out a quick form and should then upload the form. This will go to the Office of Financial Aid for processing.

Visit the State Department <https://travel.state.gov/content/passports/en/alertswarnings.html> and CDC www.cdc.gov/travel websites for updates on the country where you will be traveling. Per UW policy, students are precluded from traveling to any location that remains under a level 3 or 4 advisory, <https://internationaltravel.wisc.edu/>. *If your site is in a country that is designated as a level 3 or 4 risk on the State Department Travel Advisory or a level 3 CDC Travel Health Notice, please contact the SMPH Office of Global Health as soon as possible.* This requires a special waiver request for permission, and the required documents must be submitted **at least twelve weeks** prior to your anticipated departure.

PRE-TRIP CHECKLIST

___ Work with faculty advisor to register for 699 course (Note: faculty should specify department, number of credits and term. Request 699 form from Betsy Teigland.)

After reviewing CDC & U.S. State Dept. websites, submit to SMPH Office of Global Health:

Application/Travel Forms:

- ___ Office of Global Health Approval Form
- ___ Student Agreement Form
- ___ Approval Letter from field site preceptor/organization
- ___ Contact Information*
- ___ Copy of CISI insurance card (will be sent by CISI after enrollment; insurance **REQUIRED** by the **UW-System**)*
- ___ Health Self-Assessment
- ___ Statement of Responsibility
- ___ Copy of airline itinerary
- ___ Copy of passport photo/signature page
- ___ Financial Aid (option for eligible PA and MD students only-please see submission instructions on form)

*Students will receive an Emergency Contact card from the SMPH Office of Global Health; a CISI insurance card will be emailed following enrollment. These must be carried throughout the field experience. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.

In addition:

___ Register with the U.S. Embassy Smart Traveler Enrollment Program (STEP) on the State Department website prior to departure.

School of Medicine and Public Health Office of Global Health

Independent Study/Certificate Field Experience

Approval Form

*These forms must be submitted at least **8+ weeks** prior to start of a Global Health elective. Return or email to Betsy Teigland, teigland@wisc.edu, SMPH Office of Global Health, 1191F Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.*

Date Submitted: _____

Student Information

Name: _____ Campus ID #: _____

Telephone: _____

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: _____ E-mail: _____

Is this country a level 3 or 4 on the State Dept. warning list or a level 3 CDC Travel Health Notice

(<https://travel.state.gov/content/passports/en/alertswarnings.html>; www.cdc.gov/travel)?

Yes _____ No _____

Course Information

Dates of Elective: _____

Dates of Travel: _____

Discipline or Department of Elective and course number (e.g. Fam Med 699, Med Sci 699): _____

Name & phone number of UW faculty advisor(s) for this elective (required): _____

Credits: _____ Semester: _____

SMPH Office of Global Health Director Approval (for office use only)

Signature: _____

Date: _____

Student Agreement for UW Global Health

Independent Study Field Experiences

Goals

The SMPH Office of Global Health is committed to preparing students for participation in global health electives. Goals of these 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
- Participate collaboratively in learning, service or research activities

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 U.S. 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 U.S. 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 Office of Global Health at 1191F HSLC is available to assist students with these steps.

- Meet with the Office of 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.
- Gather information concerning any political problems, safety concerns, or health hazards by consulting the U.S. State Department and Centers for Disease Control and Prevention (CDC) websites (see front page of packet), and by consulting the sponsoring site. Visit the State Department <https://travel.state.gov/content/passports/en/alertswarnings.html> and CDC www.cdc.gov/travel websites for updates on the country where you will be traveling. Per UW policy, students are precluded from traveling to any location that remains under a level 3 or 4 advisory, <https://internationaltravel.wisc.edu/>. *If your site is in a country that is designated as a level 3 or 4 risk on the State Department Travel Advisory or a level 3 CDC Travel Health Notice, please contact the SMPH Office of Global Health as soon as possible.* This requires a special waiver request for permission, and the required documents must be submitted **at least twelve weeks** prior to your anticipated departure.
- Submit a letter from the in-country supervisor verifying the placement and confirming the dates of elective. Obtain elective course approval and complete registration.
- Participate in the prerequisite course and/or self-directed study appropriate to your program for cultural orientation and preparation for the independent field experience.
- Obtain medical travel advice and immunizations appropriate for host country.
- Investigate visa and other entrance requirements that may be enforced in the host country. Register with the U.S. Embassy Smart Traveler Enrollment Program (STEP) on the State Department website prior to departure.
- Purchase **UW-System required** Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance should be purchased through the UW-Madison Office of Risk Management.
- Designate persons both at the elective site and in the U.S. who may be contacted in the event of an emergency.
- Adhere to laws of the host country and comply with standards of conduct set by the program site.
- Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.
- All students** must submit an evaluation of student academic performance during the global health field experience by the in-country supervisor.

I have read and understand the above goals and guidelines.

Student Signature

Date

Contact Information

Student Information

Name: _____
First MI Last

Current Address: _____

Phone: _____ Email: _____

Birthdate: _____ Campus ID #: _____ Passport #: _____

School: _____ Program: _____

Elective Dates: _____ Country: _____

EMERGENCY CONTACTS

U.S. Contact

Name: _____ Relationship: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Address: _____

Email: _____

☐ I authorize the Office of Global Health to contact this person in the event of an emergency.

On-Site Contact

Organization and Supervisor: _____

Address: _____

Phone (required): _____ Email: _____

U.S. Embassy Contact: City and phone number of nearest in-country embassy/consulate

(Go to State Department Website for contact information <http://www.usembassy.gov/>)

If you experience difficulties during your elective away do not hesitate to contact the Office of Global Health (608) 262-3862. In an emergency, contact the U.S. Embassy and/or CISI (refer to your Emergency Contact and/or CISI card).

Pre- or post- elective travel plans (info required by CISI):



UNIVERSITY OF WISCONSIN-MADISON AFFILIATED INTERNATIONAL TRAVEL HEALTH & WELLNESS INFORMATION FORM

This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.
2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler's diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.
3. Have recent dental check-up and address any potential problems.
4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at <http://www.studyabroad.wisc.edu/general.html> and <http://wwwnc.cdc.gov/travel/>.
5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad. More information is available at <https://businessservices.wisc.edu/managing-risk/insurance-programs/risk-management-while-traveling/>.
6. **Complete and return the UW-Madison Health Information Form.** The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.

NAME _____ BIRTHDATE _____ GENDER _____

STUDENT ID _____ E-MAIL _____

PROGRAM _____ DATES _____

1. Do you have a current or past medical problem in the following areas?

- | | | |
|---|--|---|
| <input type="checkbox"/> Severe Allergic Reaction | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Severe or disabling headaches | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Gastrointestinal disease | <input type="checkbox"/> Special dietary needs (gluten-free, dairy-free, vegetarian, vegan) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Abnormal Heart Rhythm | <input type="checkbox"/> Exercise or movement limitations |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart problems | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Bleeding or other blood disease | <input type="checkbox"/> Weakened Immune System | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Chronic use of blood thinning medication | <input type="checkbox"/> History of kidney stones | <input type="checkbox"/> Other mental health conditions |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Decreased kidney function | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Current pregnancy | |
| <input type="checkbox"/> Any other medical condition for which you take medication regularly or are/were under regular care. Please describe. | | |

2. If you have answered yes to any of the areas above, please explain. Describe any ongoing treatment, limitations/restrictions or emergency actions which will/may be required during your travel.

3. Please list any medications you are currently taking or will be bringing with you during travel.

4. Please list any allergies to medicine, foods, insects or environmental materials such as pollen or latex.

5. Please indicate what health preparations you have completed or are planning to receive for your trip as appropriate.

____ Travel medicine clinic visit
____ Personal health care provider visit

____ Prescription for malaria prophylaxis
____ Prescription for traveler's diarrhea

____ Other preventive medications

Is there any additional information you would like your program organizers to be aware of while you are abroad? (If yes, please explain)

I certify that all responses on this form are true and accurate, and complete. I will notify my program organizers of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____ Date _____, 20____



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

Participant's Name (please print)

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

ID Number

Financial Aid Budget (submit only if requesting additional financial aid; only available to MD and PA students)

Student Name: _____

Campus 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-System Medical/Evacuation Insurance: _____

Immunizations: _____

Other in-country living expenses: _____

TOTAL REQUESTED (up to full amount): _____

To submit this form, go into the “eForms” tile in your Student Center, then “financial aid” folder which has the “budget adjustment eForm” within it. You will be instructed to fill out a quick form and should then upload the form. This will go to the Office of Financial Aid for processing.