

THE UNIVERSITY OF CHICAGO
PRITZKER SCHOOL OF MEDICINE
Biological Sciences Learning Center · 924 East 57th Street · Suite104· Chicago, IL 60637

INTERNATIONAL STUDENT EXPERIENCE CHECKLIST

Medical students traveling abroad through a Pritzker-sponsored student organization or program must complete the following checklist and supporting documents. Please return completed forms to:

Kate Blythe, Director of Student Programs
BSLC 013B
kblythe@bsd.uchicago.edu

-
- I have completed the Contact Information Form (please attach)
 - I have signed the Acceptance of Risk Form (please attach)
 - I have signed the Scope of Practice Form (please attach)
 - Detailed travel Itinerary (please attach)
 - I have obtained a Travel Health Insurance Plan & attached contact information for the plan (please attach)

USHIP Program:

http://studenthealth.uchicago.edu/studentinsurance/health_SASITravel.shtml

- I have obtained an Emergency Evacuation Insurance Plan and attached contact information for the plan (please attach)
- I reviewed the State Department's Country Specific Information on (Date)_____ (http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html)
- I have received recommendations and required vaccines from the SCC Travel & Vaccine Clinic (http://scc.uchicago.edu/services_travel_vaccination.html)

If you are a Keith Edson Participant:

- I have attached a Letter from the International Site (Please attach)

If you are a GMSP Out of Country Participant:

- I have attended the required orientation session. *All students attending the GMSP Out-of-Country Experience are required to attend an orientation session prior to departure. The GMSP Student Coordinator Chrissy Babcock (cbabcock@uchospitals.edu) will be contacting students directly regarding this session.*

I certify that the above statements are true and correct.

Signature _____

Date _____

Name _____

THE UNIVERSITY OF CHICAGO
PRITZKER SCHOOL OF MEDICINE
Biological Sciences Learning Center · 924 East 57th Street · Suite 104 · Chicago, IL 60637

INTERNATIONAL EXPERIENCE: SCOPE OF PRACTICE

In the event that I am participating in patient care activities, I will abide by the University of Chicago Medical Center's Scope of Practice guidelines. I certify that I will not practice medicine, as defined by the Illinois Medical Practice Act. I recognize that I must be appropriately supervised by licensed attending physicians when participating in patient care.

Signature _____

Date _____

THE UNIVERSITY OF CHICAGO
PRITZKER SCHOOL OF MEDICINE
Biological Sciences Learning Center · 924 East 57th Street · Suite 104 · Chicago, IL 60637

INTERNATIONAL EXPERIENCE: CONTACT FORM

Name: _____

Institution/Sponsor Name of International Experience: _____

Contact Phone Number(s) of sponsor:

Dates of Travel _____

International Address and Phone Number: (if more than one, use additional page)

International/Site(s) Emergency Contact(s): (attach additional sheets if necessary)

(Name) (Relationship) (Phone number)

Email access while away? Yes No

Email address where you can be reached: _____

Other email address: _____

Cell phone number in international location: _____

U.S. Emergency Contact # 1:

(Name) (Relationship) (Phone number)

U.S. Emergency Contact #2:

(Name) (Relationship) (Phone number)

Additional information:

**THE UNIVERSITY OF CHICAGO
ACCEPTANCE OF RISK**

As a participant in the _____ Program, I recognize and acknowledge that there are certain risks of physical injury including, but not limited to death which may arise from travel and work abroad and other risks as described in the State Department Consular Information Sheet or Warning (http://travel.state.gov/travel_warnings.html) and Center for Disease Control Health Information (see <http://www.cdc.gov/travel>) and I have been urged to read them.

I understand that the Program may be cancelled by the University of Chicago due to political, social, environmental or other risks and that the University shall not be responsible for any expense incurred by me including travel expenses. I have no physical condition or dietary needs which would present a risk of injury to me through my participation in the Program. Notwithstanding any instruction or consultation by the University of Chicago, I agree to assume responsibility for any such injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the Program except if caused by the sole negligence of The University of Chicago. I hereby release, waive and discharge the University of Chicago, its officers, agents or employees from any and all liability, claim, damages and losses arising out of any loss, damage or injury including but not limited to delays, delayed or changed departure, or arrival, missed carrier connections, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, terrorism, quarantine, criminal activity, accident, sickness injury or death that may be sustained by me or to any property belonging to me while participating in the Program. I acknowledge that the University is providing me with an educational opportunity and I further agree to indemnify and hold The University of Chicago harmless for any occurrence resulting there from except if caused by the sole negligence of The University of Chicago. It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the State of Illinois. I further agree that participation in any activity will be at my own discretion and judgment. I also understand that the University does not provide health (except student health insurance if I have elected to participate), accident insurance, trip cancellation or baggage insurance to me because of my participation in the Program. I certify that I have health insurance that will cover medical services that might be necessary and agree that I will not participate in the Program should I become uninsured. I further understand that should The University of Chicago discover that I have not satisfied any one of these requirements, it may, but is not required to, terminate my participation. I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk and I voluntarily sign this Agreement.

Participant Signature

Date

Printed Name of Participant