

MUSC Pediatric Global Health Elective Checklist

Resident Name:

Phone Number:

Destination Country:

Destination Organization:

In-country Mentor Name:

E-mail:

Dates of Trip:

1. I have submitted a letter of approval from the Program Director. yes/no
2. I have submitted a letter of approval from in-country mentor. yes/no
3. I have confirmed that my insurance provides emergency health coverage in my destination country. yes/no
4. I have obtained medical and accident insurance that includes provisions for emergency evacuation to a United States medical facility (e.g. DAN, SOS, Medjet). yes/no
5. I have visited a Travel Clinic or physician to discuss vaccines and prophylactic medications. yes/no
6. I have gathered information concerning any political problems or health hazards which may place me at risk by consulting the State Department (202/647-5225 or <http://travel.state.gov>) and the Centers for Disease Control (404/639-3311 or www.cdc.gov/travel) for current information. yes/no
7. I have completed the Global Health Curriculum requirements on WebCt. yes/no
8. I have submitted the liability (consent) form. yes/no