



**Safety Plan for Individual Student Travel**

Submit to: [muellemr@musc.edu](mailto:muellemr@musc.edu)

Take this form with you when you travel

**Individual Traveler Information**

Name (as it appears on Passport): [Click here to enter text.](#)

MUSC ID#: [Click here to enter text.](#)

Daytime Phone: [Click here to enter text.](#)

Destination (Countries and cities): [Click here to enter text.](#)

Departure Date: [Click here to enter a date.](#)

Return Date: [Click here to enter a date.](#)

Provide the names of accompanying MUSC faculty/staff/student travelers (if any):

[Click here to enter text.](#)

If you are traveling with a group, please provide the leader(s)' name: [Click here to enter text.](#)

Faculty/Staff  Graduate/Professional Student

Daytime Phone: [Click here to enter text.](#)

Name of Group Program: [Click here to enter text.](#)

Describe the planned activities of your travel (include academic and/or business): [Click here to enter text.](#)

Students: MUSC Advisor or Department Contact

Name: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

**Country Specific Emergency Contact Information**

Address of Nearest U.S. Embassy or Consulate:

*(or provide for your country of citizenship)*

<http://www.usembassy.gov/> (Citizen Services)

[Click here to enter text.](#)

Embassy Main Phone (include country + city code):

[Click here to enter text.](#)

Emergency After Hours Phone (include country + city code):

[Click here to enter text.](#)

**Emergency Contacts (Please provide all phone numbers as if one were dialing from the U.S.):**

**U.S. Emergency Contact Name:** [Click here to enter text.](#)

Cell Number (country + city codes): [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Work Number: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

**Local (On-site) Emergency Contact Name:** [Click here to enter text.](#) Cell Number (country + city codes): [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Work Number [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

**MUSC Contact Name:** [Click here to enter text.](#)

Cell Number (country + city codes): [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Work Number [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

**Communication: Please complete ALL methods that you plan to have access to while traveling:**

U.S. Cell phone number(s): [Click here to enter text.](#)

Have you confirmed this will work in your destination?

Yes  No

Do you plan to purchase a local cell phone? Yes  No

If yes, provide local phone number Address [Click here to enter text.](#)

In-country phone numbers (i.e. hotel, colleague): [Click here to enter text.](#)

Satellite Phone Number: [Click here to enter text.](#)

Alternate Email(s): [Click here to enter text.](#)

Do you anticipate **not** having regular access to phone or Email Communication? Yes  No

Do you plan to maintain regular communication with a MUSC Faculty or Staff member? Yes  No

If yes, with whom and how often? [Click here to enter text.](#)

### Country Specific Health and Safety

1. What are the specific health and safety risks at your destination(s)? Resources include, but are not limited to:

CDC: <http://wwwnc.cdc.gov/travel/destinations/list.htm> ISOS Insurance: <http://internationalsos.com>

State Department Travel Warnings: [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)

State Department Country Profiles: [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_4965.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_4965.html)

[Click here to enter text.](#)

2. What strategies will you take to mitigate these specific health and safety risks? [Click here to enter text.](#)

3. If you are currently taking prescription medications, do you have an adequate supply for the duration of your trip?? [Click here to enter text.](#)

4. Have you received all recommended vaccinations for travel to this destination(s)? Yes  No

If not, when is your appointment with a Travel Clinic? [Click here to enter a date.](#)

CDC: <http://wwwnc.cdc.gov/travel/destinations/list.htm>

5. Local language(s) at your destination: [Click here to enter text.](#)

Rate your group leader(s)' verbal communication skills in the regional language.

None  Beginner  Intermediate  Advanced  Fluent

What communication strategies will the group leader(s) use if language proficiency is limited? [Click here to enter text.](#)

6. Please list countries where you have previously traveled: [Click here to enter text.](#)

7. If applicable, provide group leader(s)' experience (i.e. prior travel to this destination, prior global travel leading students, etc.)

[Click here to enter text.](#)

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### In Case of an Emergency While Traveling Outside of the United States

**Contact ISOS Insurance**

**MUSC International SOS Member number**

**Personal Safety / Crime**

**+1-215-942-8478 (Call collect; 24/7 for emergencies)**

**11BCAS084634**

Contact Embassy Emergency After-Hours Phone (see page 1)

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### Additional Travel Planning Resources

International SOS

<http://www.internationalsos.com>

U.S. Department of State Website

<http://www.travel.state.gov>

CDC Website (vaccines/health)

<http://www.cdc.gov>

World Health Organization

<http://www.who.int>

Overseas Security Advisory Council

[www.osac.gov](http://www.osac.gov)

Search by country to access Crime and Safety Reports which include country-specific emergency contacts

Smart Traveler Enrollment Program

<https://travelregistration.state.gov/ibrs/ui/>

Register your travel with the U.S. State Department who can provide assistance during emergencies