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| **Personal Information Form For Global Health Travel** |
| * Full Legal Name: |
| * Place of Birth: |
| * Passport Number: |
| * Date of Issue: |
| * Place of Issue: |
| * Expiration date: |
| * Home Address: |
| * Email address: |
| * Cell Phone: |
| * Skype Name (if applicable): |
| **Emergency Contact Name:** |
| * Relationship to you: |
| * Phone Number: |
| * Email: |
| * Address: |
| * Alternate contact (optional): |
| **Travel Information** |
| * Travel Dates: |
| * Flight Information (include carriers/flight numbers/layover cities): Feel free to copy/paste itinerary |
| * Do you have Travel Insurance? (if so provide details) |
| * Expected date of arrival at Global Health site: * Expected date of departure from Global Health site: |
| * Any planned vacation/breaks from hospital/site within this duration? If so, where/when? |
| * Will anyone else be accompanying you (friend/spouse/family)? |
| * What forms of communication are available at your GH site? (internet/phone/satellite phone/none): |
| * If internet is not functioning or available, **how can we get in touch with you**? (aka mobile number for contact person at the site, landline for the GH site, etc) |
| * If internet is not functioning or available, **how can you get in touch with family and/or us**? (phone card, satellite phone, etc) |
| **\*It is our policy that you contact your site coordinator at CCRMC and a family member within 24 hours of arrival at your site** |
| **Site information** |
| * Name of GH site: |
| * Name of Organization(s): |
| * Website: |
| * Specific address: |
| * City/Province/Country: |
| **Contact Name at site:** |
| * Email: |
| * Phone: |
| * Will this person be there the entire time you are on site? |
| * Alternate contact for site: |
| * Email/phone for alternate contact: |
| * Who is in charge of your safety if there is an emergency (health/natural disaster/political)? |
| * What is the emergency evacuation plan? (if none, please list address of closest US Embassy) |
| **\*We ask that you have an alternate housing option and contact in the Capital city should you need to be there for health/safety. You can work with your host organization to identify a Capital City contact person.** |
| * Contact Name in Capital City: * Email/Phone: |
| * Address for alternate emergency housing in capital: (even if looking up the name of nice hotel on Lonely Planet - please list the info here) |
| * Phone/email/website: |
| **Credential Information (if applicable)** |
| * License: |
| * DEA: |
| * NPI: |
| * Visa Application Required? (y/n), if yes provide confirmation/details/fee paid/expiration date: |
| * Foreign Medical License Required? (y/n), if yes provide confirmation/details/fee paid/expiration date: |

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| **Personal Health Information** |
| * Do you have appropriate prophylaxis (malaria, post-exposure, etc)? * What is your evacuation/traveler’s health insurance? (go to Volunteercard.com if you don’t have yet <https://www.volunteercard.com/insurance/> as this some form of insurance is REQUIRED) * Should there be a major medical emergency, is there specific information about your medical history we should know? (aka drug allergies, significant prior surgeries, etc) |