**USF Health: Student Organization Final Participant Form**

While Student Organization Travel is not considered an officially USF sponsored trip, travel organized by a student organization is considered student-related travel and, as required by the USF System International Travel Authority [**Policy #10-507**](https://www.usf.edu/world/documents/travel/usf-international-travel-authority-policy.pdf)**,** all USF Health travelers are required to register their student-related travel by following the processes set forth by USF Health International.

Please submit the completed and **unsigned** form to healthglobal@usf.edu. Signatures on this document do not constitute final travel approval.

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| --- | --- |
| Student Organization Name: |  |
| Organization President’s Name: |  |
| Faculty/Staff Advisor: |  |
| Student/Faculty/Staff Trip Leader(s) Name: |  |
| Travel location(s):(city/country) |  |
| Travel Program Start Date: (MM/DD/YYYY) |  |
| Travel Program End Date:(MM/DD/YYYY) |  |
| What is the CDC COVID travel health notice level for your destination(s)? |  |
| Have you read the entire CDC travel health notice for your destination(s)? |  |
| How do you plan to mitigate infection from the virus while you are abroad? |  |
| What is the U.S. Department of State advisory level for your destination(s)? |  |
| How do you plan to mitigate risks associated during travel to/from your destination (airports, domestic and international flights)? |  |
| What are the host country’s requirements for quarantine if you are identified as having had contact with someone who tested positive – or test positive yourself? |  |
| What are the host country/location COVID-19 requirements for travelers from your current location upon arrival and how will you comply with any self-isolation or quarantine requirements and costs if needed? |  |
| Total number of program participants: |  |
| Names of ALL travel participants:(students, faculty, staff, and names of any non-USF individual participating in travel experience)Must include full name, title, college & student levelEx: John Doe, MCOM, MS2*\*Attach additional list if necessary\** |  |
| **Endorsement by:** | **Name** | **Signature** | **Date** |
| Organization’s President(s): |  |  |  |
| Trip Leader(s): |  |  |  |
| Faculty Advisor(s): |  |  |  |
| College’s International programs office:* College of Medicine: Jayme Smith, BS jaymesmith@usf.edu
* College of Nursing: Jennifer Kue, PhD jkue3@usf.edu
* College of Public Health: Tricia Penniecook, MD, MPH tpenniec@usf.edu
* College of Pharmacy: John Clark, PharmD, MS, FASHP, FFSHP jclark9@usf.edu
 |  |  |  |
| **FOR INTERNAL USE ONLY:** |
| Final Approval by: | **Name** | **Signature** | **Date** |
| USF Health International Travel Coordinator: |  |  |  |
| ***for clinical experiences only- Acknowledged by:*** |
| USF Self-Insurance Program Director\*\* | Courtney Rice, Esq. |  |  |

 If you have any questions, please contact USF Health International at healthglobal@usf.edu