**Travel Preparation Worksheet**

I , \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will participate in [Name of Program, Activity, or Trip]
“Program,” from [dates of Program]. [Include a short description of Program and its location]. This Program may be funded by Yale University (“Yale”), may be given academic credit by Yale, or otherwise is sponsored by Yale.

I understand that, if I am a Yale College student, I am responsible for discussing my travel plans with my parents.

I understand that I am responsible for informing myself about the risks of travel abroad in the countries where I will go. I will make use of the resources listed below, and of other resources as applicable, to inform myself, and I will remain informed about updates on travel conditions.

I have registered my travel plans and emergency contact information on the [Yale Emergency Travel Registry](https://world-toolkit.yale.edu/yale-travel-registry-instructions) (https://world-toolkit.yale.edu/yale-travel-registry-instructions):

* Date registered: \_\_\_\_\_\_\_\_\_\_\_\_

I have carefully reviewed the following sources of information about each of the countries in which I plan to travel (must review and check all four):

* [U.S. State Department Travel Advisory Website](https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/)
	+ Applicable country travel advisory level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* [U.S. State Department Country Fact Sheet](https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html)
* [Center for Disease Control](http://wwwnc.cdc.gov/travel/destinations/list/)
* [International SOS Country Risk Ratings](https://www.travelsecurity.com/Page.aspx?pg=2&membershipno=11B824535)
	+ Applicable country International SOS risk rating:\_\_\_\_\_\_\_\_

A pre-departure orientation relevant to my experience may be offered through the Yale Center for International and Professional Experience, the MacMillan Center, or another Yale department that is administering your experience.

* For Yale College Students: If for any reason you are unable to participate in the scheduled orientation program, please contact your program administrator or the Center for International and Professional Experience (CIPE) at MyCIPE@yale.edu.
* For Graduate & Professional School Students: Please contact the office that is administering your experience for information about pre-departure orientation opportunities.

I have completed/plan to complete a pre-departure orientation session appropriate to my experience.

* + Yes
	+ No

If you have checked “No,” please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that, in addition to my program’s pre-departure orientation, I have access to [Yale’s International Toolkit](https://world-toolkit.yale.edu/) as a resource for preparing to travel abroad.

If I am an international student at Yale with a student visa, I accept that it is my responsibility to check with the [Office of International Students and Scholars](https://oiss.yale.edu/) that my immigration documents are up-to-date before departing the United States and to understand what may be required before re-entering the United States.

**Emergency Contact**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If English is not spoken by the Emergency Contact, please list an alternate, English-speaking contact below. Both contacts will receive communication from Yale in the event of an emergency.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I am certifying that the information provided above is complete and correct.

Printed Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_