Group Travel Abroad Registration Form for Activities Abroad

- Form should be submitted to Emma Cook, Global Health and Safety Specialist
- Assessments should be submitted at least 60 days in advance of travel. Early submission is
 encouraged. For travel planned in April, May and June, it is recommended to submit by the end
 of February.

• •	ded to submit the assessment prior to confirming travel and logistical
arrangements.	
Departmental Contact Info	ormation
Organizing Department	
Name	
Ohio State email	
Phone	
Email	
Group Emergency Contact	s
Primary contact who will b	e abroad with the group
Name	
Ohio State email	
24/7 phone	
Primary contact who will r	emain at Ohio State and can be contacted in case of emergency
Name	
Ohio State email	
24/7 phone	
Accompanying faculty and	l/or staff contact information (if applicable)
Name	
Role	
Ohio State email	
Phone	
Name	
Role	
Ohio State email	
Phone	



Name				
Role				
Ohio State email				
Phone				
Travel Information				
Purpose of travel				
Destination and Dates(s)	(e.g. Berlin - 10/3/2	023 - 10/31/2023)		
Destination and Dates(s)				
Destination and Dates(s)				
Destination and Dates(s)				
Date of departure from U.S.				
Date of return to U.S.				
• Countries assigned an ove	erall risk rating of 3.2 U.S. Department of ssment by a group le Level 1 - Ex Level 2 - Ex	rently to a risk designated country. 25 for undergraduate students and 3.5 for grad State travel advisory level 3 or 4. ader. Exercise normal precautions Exercise increased caution econsider travel (Requires an ITPC assessment) o not travel (Requires an ITPC assessment)		
Overall Risk Rating from Crisis24	□ Rating 1 – No risk □ Rating 2 – Low risk □ Rating 3 – Moderate risk (Requires an ITPC assessment) □ Rating 4 – High risk (Requires an ITPC assessment) □ Rating 5 – Extreme risk (Requires an ITPC assessment)			
International Travel Insurance (for OIA use) Ohio State mandates international health insurance for all students and faculty traveling abroad. Charged directly to participating students accounts Students will purchase their own GeoBlue coverage at the OSU provided				
		rates		



Participant Information

#	First Name	Last Name	.number	EMPLID
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Accommodation Information

Dates	Name	Street address	Website
Dates of stay	of accommodation		