# Fogarty Global Health Fellows Safety Form

#  In-country/On-site Emergency Contacts and Safety Protocol for Fogarty Trainees

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| **In-country Information:** |
| **Country, city:****Name of program/institution(s):** **Other Comments:**  |

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| **Trainee Arrival Information:** |
| **Arrival date:** **Airport:**  **Airline:** **Airport pickup/transportation plan:** **Arrival address for trainee:** **Other Comments:** |

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| **Emergency Contacts:** |
| **Position** | **Name** | **Email** | **Phone number** |
| U.S. PI: |  |  |  |
| In-country PI: |  |  |  |
| Additional in-country colleagues: |  |  |  |
| Spouse/partner/familyin-country: |  |  |  |
| Home University Emergency Contact |  |  |  |
| Family contact in U.S. |  |  |  |

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| **Medical and Dental Insurance** |
| **Plan Name & Contact:** | **ID number:** | **Dates covered:** |
| **Other notes on health?** *(allergies, medications, blood type, implanted devices, etc)* |

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| **Safety Protocol:** |
| **Police number:****Nearest police station:****Address of U.S./home Embassy:****Embassy Emergency number (day / after-hours):****Local US Embassy Regional Security Officer Or Embassy Warden** *(if located outside capital city):***Trusted taxi numbers:** 1) 2) 3)**Preferred hospitals (name/address/phone):****Dental emergency contact (name/address/phone):****Payment procedures at this hospital:***(note, cash payment may be necessary. Ensure access to funds)* |

**Other Comments:**