# 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/family  in-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:**