GLOBAL TRAVEL HANDBOOK

REQUIREMENTS & INFORMATION
In any emergency involving your health and/or safety while traveling abroad, call NYU Public Safety at 001 (XX) 1 212 998 2222. 

XX = phone provider / carrier code

Keep this phone number with you at all times. The phone number can be found on your International Travel Assistance Card and the back of your NYU Student ID.
Pre-Departure and On-Site Planning Checklists

Travel Preparations

- Carefully read every page of this Global Travel Handbook
- Apply for a visa, if necessary
- Ensure passport is valid for at least 6 months after return date to US
- Complete the required NYU Traveler by the deadline (see page 4 for directions)
- Complete and return NYU Travel Release Form to wagner.international@nyu.edu (found here: http://wagner.nyu.edu/students/forms/)
- Register with the Embassy/Consulate
  - US State Dept., for example, is Smart Traveler Enrollment Program (STEP) https://travelregistration.state.gov/ibrs/ui/
- Register online for HTH study abroad medical insurance (see following pages)
- Complete and keep the NYU Medical History form with you (see following pages)
- Read health, safety, and travel recommendations (see following pages)
- Make copies of all important documents, including passport
- Provide a copy of your passport, bank card/credit card, ID, itinerary and contact information to a trusted person at home
- Obtain vaccinations or prescriptions, if required
- Plan your finances and contact your bank and credit card company to let them know when you will be abroad
- Make a packing list (including money belt or other discreet way to carry funds and important documents)

Abroad Safety and Planning

- Call NYU Public Safety - (001) + (XX) + (1) + 212 998 2222 - in case of illness, injury or emergency. “XX” = phone provider/carrier code, if required
- Keep your local emergency contacts on you in case of minor injury/illness or local emergency.
- Carry your NYU ID card at all times, which includes NYU Public Safety phone number. You should also look up and keep the US Consulate contact information and phone number.
- Carry your working mobile phone with you at all times
- Carry your lodging phone number with you at all times
- Carry a photocopy of your passport (keep the original in a secure place in your lodging or elsewhere)
- Register with the US Embassy/Consulate when possible
NYU Traveler – Travel Itinerary and Contact Information for NYU

All students who travel abroad through NYU are required to provide their itinerary, emergency contact information (at home and while abroad), and other travel information via NYU’s global system. This process will take less than 5 minutes. Please begin the process by visiting this link and following the instructions below. https://apps.worldcue.com/mte/startMTE.xhtml?affiliateId=667506

How to self-register your travel plans with WorldCue:
1. Click on REGISTER then click on NEW. The WorldCue Manual Trip Entry page will open.
2. Complete the form with the traveler’s name and Employee ID. It is important to note that when asked for “employee ID” we need you to enter your NYU NET ID. We stress this in the text box on the left hand side of the Worldcue manual entry page (you will see this once you go to the page below). Also, the CONFIRMATION number requested is located on the itinerary that you received from your travel agent or travel website.
3. Click the NEXT button and continue completing the form with the traveler’s NET ID style (abc3@nyu.edu) email address and phone number.
   - Additional email addresses (i.e.: an email address of an assistant/administrator, or a personal email address may be added in the secondary or tertiary fields).
   - To receive SMS alerts, enter a mobile number in SMS address format (i.e.: 2125551212@txt.att.net)
4. Click the NEXT button to proceed.

Itinerary Information:
5. Enter the trip confirmation number provided by the travel management company, agency, or airline on your itinerary. This number will usually be a six digit alphanumeric code that looks like “ENQX9M”. If you do not have a confirmation number, you can populate this field with a unique code of your own design, but it must be under 25 characters (you will need to count characters). Please do not enter a random number such as all zeros.
6. Select whether the trip or assignment purpose is business or personal. Students, please select “business” for NYU related trips, and “personal” for vacation type travel.
7. Select the type of trip leg you want to add by clicking on the green link.
8. Enter the travel details for the first air leg of your trip (i.e.: your flight departs JFK on April 30th, and arrives in LHR on April 30th). Please note, if your air reservation is a round trip flight you must add an air leg for the outbound flight, and also for the return flight. Please include your flight number.
   - You may enter the airport codes instead of using the drop down menu to select Region, Country, City -If you would like for the alerts you will receive from Worldcue to be more specific to the City you are traveling to, please use the drop down menus to select the location you are traveling to, instead of only using the airport codes.
   - If the drop down menu fails to list a city which you frequently travel to, please alert Public Safety and we will have the city added.

When you are finished, click the “Save” button at the bottom of the form.
9. When you have entered all of the information about your trip, click the “Finish” button.
You will receive a confirmation email from Worldcue and Public Safety will have access to your information in the event of an emergency.

After you have completed the self-registration/manual trip entry process, your trip will automatically populate into the Worldcue system. Next, you will receive a Welcome email with information about the locations you are traveling to as well as a link inviting you to login to WorldCue and create a profile and a password.

After you have clicked on the link provided in the Welcome Email, you will be prompted to create a password for your initial login to the WorldCue system where you will be able to browse intelligence information for locations around the world or update a trip you have already manually entered. After creating your password, you will be redirected to the screen below. From here you can gain access directly into WorldCue and begin using the system. When you login to WorldCue Traveler you can click on the Location Intel tab to find out research the destination you may be planning travel to, or will be planning travel to. If you need to edit a trip you have previously entered, click on the My Trips tab and click on the trip you wish to edit. Then click on the EDIT button.
That will open the trip for Editing. Click on SAVE. That will open the details of the trip and allow the traveler to edit accordingly. Click on the appropriate leg you wish to add or “Add” a leg if applicable. Keep in mind, if the travel was booked with AMEX or Egencia, the updated itinerary will pass to Worldcue and Public Safety automatically, thus eliminating these steps.

*If you have any questions, please contact the NYU Traveler Support at traveler.support@nyu.edu or the NYU Help Desk at (212) 998-3333, or AskITS@nyu.edu or iJET Customer Service at (443)716-2419, toll free (877)606-4538 or Customerservice@ijet.com*

*NOTE*: You must submit a local mobile phone number where you can be reached. If you do not have the number prior to submitting your information in NYU Traveler, you must update it in WorldCue and the Wagner Capstone Travel Google Doc.

**Travel Documents**

**Passports**

- Passports must be valid for at least 6 months after your return to the US. Make sure your passport is valid now, since applying for a new passport takes time. Provide a copy to a trusted person in case of emergency.
- Some countries require that you have a specific number of extra/empty pages in your passport. Be sure to check consulate information about passport requirements.

**U.S. Department of State Travel Registration (recommended)**

Travel registration is a free service provided by the U.S. Government to U.S. citizens who are traveling to or living in a foreign country. Registration allows you to record information about your upcoming trip abroad that the Department of State can use to assist you in case of an emergency. Americans residing abroad can also get routine information from the nearest U.S. embassy or consulate. U.S. consular officers assist Americans who encounter serious legal, medical, or financial difficulties. Although consular officers cannot act as your legal counsel or representative, they can provide the names of local attorneys and doctors, provide loans to destitute Americans, and provide information about dangerous conditions affecting your overseas travel or residence. Consular officers also perform non-emergency services, helping Americans with absentee voting, selective service registration, receiving federal benefits, and filing U.S. tax forms. Consular officers can notarize documents, issue passports, and register American children born abroad. Most embassies and consulates have websites with more information.

Millions of Americans travel abroad every year and encounter no difficulties. However, U.S. embassies and consulates assist nearly 200,000 Americans each year who are victims of crime, accident, or illness, or whose family and friends need to contact them in an emergency. When an emergency happens, or if natural disaster, terrorism, or civil unrest strikes during your foreign travel, the nearest U.S. embassy or consulate can be an additional source of assistance and information. By registering your trip, you help the embassy or consulate locate you when you might need it the most. Registration is voluntary and costs nothing. The U.S. Department of State encourages all travelers to register. To register, visit the State Department Travel Registration website at: [https://travelregistration.state.gov/ibrs/ui/index.aspx](https://travelregistration.state.gov/ibrs/ui/index.aspx).

**Finances**

- Some U.S. banks have international partners that charge no ATM fees or reduced fees. Ask your bank about their international partners.
- You may want to take traveler’s checks and back-up ATM or credit cards. Leave copies of all bank cards in the U.S. Take your bank’s international customer service numbers abroad.
You may want to notify your ATM, credit, and debit card banks before departure. Otherwise, they may think your cards were stolen once you use them abroad and freeze your accounts.

**Credit Cards:**
Most major U.S. credit cards can be used worldwide in major cities/capital cities. They can be extremely valuable in a financial emergency. It is highly advisable to obtain a major credit card in your name (not the name of a parent) before traveling abroad. Master Card, Visa and American Express are the most widely accepted cards worldwide. Be sure to record your credit card number and emergency card numbers in a separate place in case your cards are stolen or lost.

**Packing**
- Use sturdy luggage and pack lightly. A durable backpack is a good option.
- Be sure you can lift your own luggage, since you will often have to carry it yourself.
- You increase your risk of theft if you set down bags frequently.
- Secure a luggage tag on each bag. Place your overseas and U.S. contact information inside each suitcase.
- Take a small carry-on bag packed with essentials (i.e., toiletries, change of clothes, and medication in original containers) in case your luggage is lost.
- Read federal guidelines (www.faa.gov) before packing liquids, gels, and aerosols.
- Keep your passport and money separate from your checked baggage. You will need them when you arrive at the destination airport.
- Pack toiletries in a zippered plastic bag. If flying to a much higher elevation, squeeze the excess air out of bottles or tubes. Otherwise they may leak.
- The government, airports, and airlines enforce strict regulations on the content and weight of baggage. Consult airline and government websites (i.e., www.faa.gov) before packing. Most international airlines allow two pieces of checked luggage weighing no more than 50 lbs each.

**Suggested Items to Pack:**
- The NYU in New York emergency number (001 (XX) 1 212 998 2222).
- NYU student ID card and HTH insurance card
- This Global Travel Handbook
- Sturdy, interchangeable clothing that is appropriate for your host country's culture and climate. Do not pack as many clothes as you can fit into your suitcase. You can purchase additional clothing on site.
- Prescriptions in original containers
- Extra eyeglasses and prescription
- Contact lenses and solution
- A small supply of toiletries, including tampons/sanitary napkins. Plan to replenish them abroad
- Adhesive bandages, alcohol swaps in individual packets, antibacterial gel or hand wipes, and antifungal ointment or powder
- Over-the-counter medications, including cold medicines, anti-histamines (Benadryl), anti-motility medication (Imodium), Pepto-Bismol, hydrocortisone cream, laxatives, oral rehydration solution (ORS), and pain relievers (aspirin or ibuprofen) which can be hard to find abroad
- Copies of your passport, visa, medical prescriptions, all bank cards (in case of loss or theft)
- Money belt or neck wallet
- Cell phone (be sure it will work abroad)
- Batteries, adapters and voltage converter if you bring electronics
- Laptop computer (consider insuring it against theft)
- Large backpack for lengthy traveling, and a small daypack
- Sturdy and comfortable walking shoes that are waterproof
- Camera and journal to document your experience
- Sunscreen, preferably sweat-proof, and insect repellent with DEET (if necessary and advised)
- Facial tissues and travel toilet tissues

**Pre-Departure Research**
- Research your host country using the internet, travel books, newspapers, magazines, and international news programs.

**Health/Safety:**
- [www.state.gov/](http://www.state.gov/) (U.S. Department of State)
- [http://studentsabroad.state.gov/](http://studentsabroad.state.gov/) (U.S. Department of State)
- [www.hthworldwide.com/](http://www.hthworldwide.com/) (HTH insurance)
- [www.cdc.gov/](http://www.cdc.gov/) (Centers for Disease Control)

**Countries/Cultures:**
- [Globe Smart -- http://www.nyu.edu/global/international-immigration-services/students/outbound-from-nyc/while-traveling.html](http://www.nyu.edu/global/international-immigration-services/students/outbound-from-nyc/while-traveling.html)
- [www.culturecrossing.net/](http://www.culturecrossing.net/)
- [www.onlinenewspapers.com/](http://www.onlinenewspapers.com/) (international newspapers)
- [www.countrywatch.com/](http://www.countrywatch.com/)
- [www.pacific.edu/sis/culture/](http://www.pacific.edu/sis/culture/) (What’s Up with Culture? website)
- [www.worldatlas.com/](http://www.worldatlas.com/)

**Recommended Guides:**
- Let’s Go ([www.letsgo.com/](http://www.letsgo.com/))
- Frommer’s ([www.frommers.com/](http://www.frommers.com/))
- Culture Shock series
- Eyewitness Travel guides
- [www.cafeabroad.com](http://www.cafeabroad.com)

**Special Interest Groups:**
Attitudes toward women, the LGBTQ population, disabled people, and people of color vary worldwide. Laws, customs, beliefs, facilities, and social practices relating to these populations may be different than in the U.S. Some countries are very progressive, while others are far more conservative. To prepare for the cultural and legal differences you may encounter, it is recommended that you:
- Speak with people who have traveled or lived in your host country.
- Research your host country. Many student travel guides have sections pertaining to special interest groups and laws in a country, which may be very different from the U.S.
- Be sensitive to cultural differences. Remember that you will be subject to your host country’s laws, even if you feel they are discriminatory.
Cultural Adjustment
Once abroad, you may face an adjustment period referred to as "culture shock." The degree of "shock" depends on such factors as length of time abroad, your flexibility, tolerance for ambiguity, degree of difference between your home and host culture, prior experience abroad, and your expectations. Culture shock is a normal part of traveling abroad. It shows that you are experiencing the differences between your culture and that of the host country. Symptoms of culture shock can include: homesickness; depression; feeling lost and out of place; frustration; irritability; and fatigue. If you experience culture shock, remember that you are not alone and will get through it.

Some suggestions for dealing with culture shock include:
- "Plunge" into your host culture and wrestle with the differences.
- Keep an open mind. We all have preconceived ideas and beliefs that come into question while abroad.
- Get to know others on your team/in the course, and in the local country. Do not isolate yourself.
- Find a "cultural informant," such as a local person with whom you can discuss your frustrations and encounters with difference.
- Learn as much as you can about the local culture.
- Maintain a support structure with others, particularly those going through the same experience. However, do not retreat into an American "clique" to avoid the discomfort of culture shock.
- Keep a journal. Record your impressions of new experiences and the transformations that are occurring within you.

Remember that insight results from sustained and direct contact with the local culture, not from observation at a safe distance. As you overcome culture shock, you will be able to approach life in the country with understanding and enthusiasm.

Read information at Culture Crossing to understand more about cross-cultural communications and etiquette: http://www.culturecrossing.net/.

Overseas Communication
Be sure to tell your family and friends when you will be gone, how you are traveling, and how to reach you. NYU cannot release this information externally.

Phone:
When making calls, keep in mind time zone differences (www.timeanddate.com/worldclock). To make an international call to the United States, dial the access code for the country from which you are calling plus the United States country code (always 1) followed by the appropriate U.S. area code and local number. Country and city codes can be found online (www.timeanddate.com/worldclock/dialing.html). Some of the above steps can vary if you are using a calling card.

To call the U.S. from Brazil, for example, below is a sample number you would dial:

00 + (may need to dial your phone provider’s access code here) + 1 + 212 + " number"

You can buy credit for Skype to make an international phone call ($ 10.00 is usually enough). The Google talk feature to call international numbers does not work in many countries yet.

Skype: You may want to consider a subscription to Skype (www.skype.com) for international calls.
Email: NYU will communicate with you via your NYU email account. Be sure to check your email often.
Health Abroad

HTH Worldwide Insurance – REQUIRED
All students must enroll in the HTH Worldwide Insurance program. The benefit of this insurance program is that you will not have to pay out of pocket while you are away and then process claims when you return (as you will with your NYU coverage, or most any other coverage).

HTH offers: 100% coverage (no reimbursement necessary, no deductible); Trained and credentialed health professionals; Coverage for medical evacuation and repatriation; No out-of-pocket expenses when using in-network providers (when using out-of-network providers, students pay out pocket and file a claim for reimbursement); 24/7 availability of HTH representatives, who will assist students with making appointments for medical and mental health providers and guarantee that the student will not be asked for payment at the time of service; Online resources for students, parents and advisors.

For more information, visit http://www.nyu.edu/shc/about/insurance.html and www.hthstudents.com.

To enroll in the coverage: visit www.hthstudents.com and, in the “Enroll in your school or organization’s group plan” section, enter Group Access Code: FAF-10228. The cost of the HTH plan is $10.60 per week.

If you have any questions about the HTH plan, please call (866) 281-1668 or email studentinfo@hthworldwide.com.

Immunizations and NYU’s Travel Medicine Services:
You should begin the vaccination process as soon as you know where you will be traveling. In some cases, the human body requires several weeks from the time of a vaccination to build immunity.

Vaccination Lifespan (NOTE: This is offered as helpful information only and may not be up-to-date. You must consult with a medical professional regarding these dates and suggested travel medicine and vaccination):

- Tetanus-diphtheria – 10 years
- Hepatitis A – one shot is 2 years, two shots is 25 years
- Hepatitis B Series – about 7 years
- Yellow Fever – 10 years
- Polio Booster – life
- Meningococcal – 3-5 years
- Typhoid – injection is 2 years, pills is 5 years
- Rabies series – 2 years
- Japanese Encephalitis – 10 years
- MMR – life
- Varicella series – life
- Influenza – 1 year

Having a personalized, comprehensive consultation with a travel medicine specialist is an important step to take. Travel medicine specialists are experts in health risks and preventive health care associated with traveling outside the U.S. NYU Travel Medicine regularly monitors data from the Centers for Disease Control and Prevention and the World Health Organization regarding travelers’ diseases, epidemics, and vaccination issues, and it is fully prepared to provide you with the latest health information and immunization services for your trip. Travel
consultations are tailored to your individual needs and your specific type of travel and include a plan to keep you safe and healthy.

NYU Travel Medicine Consultation topics include:
- How to stay healthy while you're traveling (i.e. illness or injury prevention, food and water safety, prevention and treatment of traveler's diarrhea)
- Strategies and prescriptions for prevention of local tropical diseases such as malaria
- Comprehensive information regarding any prevalent diseases (i.e. malaria, yellow fever) in the countries in which you will be traveling
- A full array of routine, recommended, and required vaccinations for the countries in which you will be traveling.

Please Note: The earlier you prepare for your trip abroad, the better. Contact NYU’s Travel Medicine Services as soon as you know that you are traveling to determine your travel health requirements. You are advised to schedule appointments at least 4 weeks in advance of your trip if possible (most vaccinations require time to become effective). Bring records of prior immunizations with you to your appointment if possible.

NYU Student Health Center
Travel Medicine Services
726 Broadway, 3rd Floor, Suite 347
New York, NY 10003
(212) 443-1199
www.nyu.edu/health

During your Travel Consultation, you will receive comprehensive information regarding recommended inoculations and how to stay healthy while you're traveling. You will also receive a "yellow book" that lists your new inoculations for your records.

Traveler's Diarrhea:

- Traveler’s Diarrhea is common and is often caused by the ingestion of contaminated food or water.
- The best preventative measures are taking extreme precautions with food and water. Some measures to consider include:
  o Only drink boiled water, or bottled water served in a vacuum-sealed plastic bottle
  o If boiled/bottled water is not available, treat water with iodine tablets
  o Other safe drinks are carbonated beverages, beer, wine and other alcoholic beverages
  o Avoid ice cubes or food served on ice
  o Drink through sanitary straws when possible
  o Brush your teeth, retainers or dentures, and contact lenses with sterile water only
  o When showering, try not to allow water inside your mouth
  o Wash your hands with soap and hot water or sanitary wipes before eating
  o Avoid uncooked vegetables and salads
  o Thick-skinned fruits (bananas, oranges) are safer than thin-skinned fruits
  o Eat only well done meats, poultries and fish
  o Avoid unpasteurized dairy products and milk. Check the date on bottled milk.
- If you get traveler’s diarrhea, consider taking these steps to help alleviate symptoms:
  o Drink tea and carbonated beverages
  o Mix oral rehydration solutions or pre-packaged electrolyte mix in safe water
  o Try eating bananas and cooked rice
  o Start an anti-motility drug (Pepto-Bismol or Imodium).
  o If no improvement occurs after 2-3 days, consult a local physician and consider starting antibiotics, as prescribed.
Protection:
- Mosquito Protection – If necessary and advised, use DEET repellants with concentrations between 25% and 50%.
- Sun Protection – Use sweat-proof sunscreen with at least 30 SPF and both UVA and UVB protection.
- Altitude Sickness Prevention – Eat a high carbohydrate, low protein diet, ascend slowly and gradually, avoid strenuous exercise, and take Diamox 250mg. every 12 to 24 hours.
- Avoid beaches that may be contaminated with sewage.
- Avoid contact with stray dogs, cats and other animals.

Prescriptions:
- Medicine cannot be shipped to you.
- Bring copies of all prescriptions, including optical. U.S. written prescriptions are typically not honored abroad, so you will need to access a doctor locally for refills or replacements.
- Depending upon your destination, you may also need malaria and traveler’s diarrhea prescriptions which may include antibiotics. Please check with your insurance carrier regarding coverage.
- Visit the HTH website (www.hthworldwide.com) for information on HTH’s prescription benefits.
- Bring medications in their original labeled bottles. Take copies of all written prescriptions with generic names.
- When feasible, bring medication that lasts for your entire stay abroad.
- Malaria prophylaxis is recommended for affected countries, and may cause the following side effects. Visit a travel medicine professional for current advice and prescriptions:
  - Mefloquine – 5%-10% of people experience neuropsychiatric side effects such as bad dreams, headaches, and hand tremors
  - Malarone – less than 4% experience abdominal discomfort, nausea or diarrhea
  - Doxycycline – a few percent of people will have a photosensitivity reaction, and some women develop vaginal yeast infections

Students with Chronic Illness:
- If you have a physical or psychological condition that requires ongoing treatment, you must consult your physician or counselor about your plan to go abroad. Seek their advice about your options and discuss your overseas medical care.
- Consider possible consequences of stress from cultural adjustment and reliance on different medical practices.
- You are strongly encouraged to inform on-site staff and/or travel companions about any medical condition for which you may need special assistance.
- If you have a serious health condition or allergy, plan to wear a Medic Alert bracelet. It is also recommended that you let on-site staff and travel companions know of your condition in case you have a medical emergency.

Additional information on health abroad can be found here: CDC - Traveler's Health [http://wwwnc.cdc.gov/travel/]

Counseling Abroad

The facts:
Everyone who goes abroad has issues with adjustment. Some students feel overwhelmed, others homesick. Some are afraid, others depressed. Most people take time to adjust to the new culture, living arrangements, food, language and submersion in the unfamiliar.

The attitudes toward counseling, or therapy, vary from one country to another. Similarly, the availability of resources and quality of services may be different from what we are accustomed to in the US. By contacting the Wellness Exchange at (212)443-9999, you will be provided with health/mental health referrals abroad. Keep in mind that you will need to investigate your health insurance to determine whether you will need to pay any amount out of pocket.

Things to think about:
- If you attend counseling or see a therapist regularly, consider the following:
  - If treatment is essential to your functioning, you must identify a therapist abroad PRIOR to your departure.
  - If you plan to take a hiatus from treatment, you should have a plan in the event that you need to see a therapist while abroad.

- If you are presently taking prescribed psychotropic medication, you must meet with your prescribing physician to discuss:
  - Receiving enough medication to last until you return (with some conditions and some medications, this is not possible).
  - Getting a referral to a psychiatrist or medical doctor abroad who will follow you and write prescription refills.
  - Having the prescription and the generic make up available and translated into the language of the country you are going to.

What to look out for:
When beginning a new situation, many students experience a disturbance of sleep, change in appetite, increased moodiness, difficulty concentrating, and increased loneliness; however:

- If you (or anyone you know) experience(s) any of the following for an extended period of time, it may be helpful to speak to an expert:
  - Unmanageable stress
  - Isolation
  - Excessive fatigue
  - Inability to sleep
  - Significant change in appetite and/or weight
  - Persistent irritability or tearfulness
  - Increase in alcohol or other drug use
  - Extreme, unprovoked sadness, anger or anxiety
  - Feelings of worthlessness, hopelessness, rage or despair
  - Thoughts of self-harm

What to do:
- If you know you will need a therapist or counselor, call the Wellness Exchange at (212) 443-9999. The staff will refer you to a therapist or counselor abroad prior to departure.
- If you know you will need medication, get it before you leave, or contact the Wellness Exchange at (212) 443-9999. The staff will refer you to a psychiatrist or medical doctor prior to departure.

**WELLNESS EXCHANGE**
The Wellness Exchange offers a private, 24/7 hotline (212-443-9999) that puts students in touch with professionals who can help them address day-to-day challenges as well as other health-related concerns including medical
issues, academic stress, depression, sexual assault, anxiety, alcohol and other drug dependence, sexually transmitted infections, and eating disorders.

*Students abroad can call the hotline 24/7. They can also send an email to a counselor anytime at wellnessexchange@nyu.edu. Certain sites abroad provide access to this hotline free of charge. For more information, visit: www.nyu.edu/999.*
Safety Abroad

Just as in the U.S., your personal safety abroad depends in large part on the decisions you make.

Most common safety issues:
- Petty theft in public
- Sexual harassment

Most critical safety incidents occur when:
- Students walk home late at night
- Students are under the influence of alcohol

Top 10 Tips for Safety Abroad:

1. **Use Street Smarts:** This means using your best judgment in all situations. For instance, when it comes to taking public transportation or letting people into your room or apartment, trust your more cautious instincts and move away from uncomfortable situations. Walk in groups at night, when possible. Never leave your luggage unattended, even for a moment.

2. **Stop, Look, Listen, and Ask Questions:** Educate yourself about your new environment. Never make assumptions about how people will act and conduct themselves. After learning about your new culture and asking questions, you’ll be better equipped to judge what’s safe and what’s not. Just ASK!

3. **Keep a Low “American” Profile:** Some people choose to prey on tourists. This is true in the US and also true abroad.

4. **Learn the Laws of the Land:** As a visitor of your host country, you are subject to the laws and regulations of their judicial system. If you are arrested, there is little that your program, NYU, or the U.S. Embassy can do for you—your U.S. rights don’t apply abroad.

5. **Stay Away from Illegal Drugs of Any Kind:** You could be kicked out of the program and be arrested in a foreign country. Because you are not a citizen of your adopted country, the rules will apply even more stringently to you than to a local.

6. **Make Copies of Important Documentation:** Make sure a trusted contact has copies of your passport, driver’s license, credit cards and any other important documents. Keep copies for yourself just in case the originals are lost. Never carry your passport with you unless you absolutely must. If a hotel asks for it, they will usually accept any photo ID or a photocopy of your passport, and you can always ask the hotel to hold onto a copy rather than the original.

7. **Avoid Carrying Large Amounts of Cash or Traveler’s Checks:** An ATM card is often a good choice for getting cash abroad. Do some research to make sure ATMs are available at your destination.

8. **Use Common Sense:** Be aware of the environment, especially while you’re new to the culture and don’t know how things function and what the expectations are.

9. **Be Respectful:** Remember that you are a guest in another country. If you conduct yourself accordingly, people will be more willing to help you adjust, and you never know when their help could come in handy!

10. **Stay Connected:** Carry an international mobile phone and charger with you at all times. Even if you rent a local mobile phone upon arrival, which is often the most cost-effective choice, you should carry a globally-enabled mobile phone with you.
Spending Time Abroad – Orientation and Advice

(These quick tips are provided by NYU for students studying abroad.)

Please be aware of the following:

Food and Eating

- Expect some gastrointestinal issues - it takes time to get used to new food.
- If you have issues with food before you go, they will still be there. You may want to talk about them with someone before departure. Sometimes, food issues reappear when you are away.

Sexuality

Free safer sex supplies are available at Health Promotion and Wellness Services, 726 Broadway, Suite 344

- Be aware of assumptions and stereotypes about you as a US student and assumptions and stereotypes that you may have about others
  - E.g. American women as sexually adventurous
- Communication:
  - Other cultures have different rules for sexual behavior
  - Learn the sexual language of your host culture
  - Your non-verbal behavior may be misconstrued
  - Expressing sexual consent may be different in your host country
- Sex:
  - Be careful -- STIs exist and are easily transmitted. Some countries have a very high prevalence of HIV/AIDS.
  - Contraception:
    - Bring a supply of what you need
    - Have your doctor write a contraceptive prescription before you travel
    - Emergency Contraceptive Pills (ECP) access: You can ask for a prophylactic supply before you leave
    - Your menstrual cycle may be thrown off by travel
    - The cost, access and quality of safer sex supplies vary abroad

Sexual Assault

If you are a victim of sexual assault while abroad, you should call NYU Public Safety at 001 212 998 2222 and the NYU Wellness Exchange at 001 212 443 9999 immediately for help and support.

- Resources abroad vary and the definitions and laws regarding sexual assault may be different
- You may encounter less sensitive ways of handling incidences of sexual assault while abroad

LGBTQ Issues

- Be aware of cultural differences and expectations surrounding actions such as men kissing men, women holding hands, etc.
- Be aware of homophobia in certain countries

Alcohol and Other Drug Issues

- Be aware of drinking age differences and potentially different types/strengths of alcohol and other drugs while abroad
- Exercise caution in unfamiliar settings
- Be aware of possible assumptions made about visiting students (E.g. American students like to drink/party, are more readily sexual)
In any emergency involving your health and/or safety while traveling abroad, call NYU Public Safety at 001 (XX) 1 212 998 2222. 

XX = phone provider / carrier code

Keep this phone number with you at all times. The phone number can be found on your International Travel Assistance Card and the back of your NYU Student ID.

Keeping in Touch with Family
- Students should inform their families that it may take longer to call home once they arrive
- All students should call home as soon as possible upon arrival; otherwise, worried parents may call Public Safety and program administrators

Items That Cannot Be Shipped to You
- Most medication, vitamins, food, electronics, and high-value items cannot or should not be shipped
  - Some of the above items are illegal to ship internationally
  - The shipment of these items, even if legal, may incur high customs charges and significant delays
  - Students should make arrangements to have an adequate supply of all necessary items with them prior to departure
GENERAL MEDICAL HISTORY FORM

STRONGLY RECOMMENDED:
COMPLETE THE FOLLOWING FORM AND KEEP WITH YOU DURING TIME ABROAD IN CASE OF EMERGENCY.

In any emergency involving your health and/or safety while traveling abroad, call NYU Public Safety at 001 (XX) 1 212 998 2222.

XX = phone provider / carrier code

Keep this phone number with you at all times.
The phone number can be found on your International Travel Assistance Card and the back of your NYU Student ID.
NYU GLOBAL TRAVEL MEDICAL HISTORY

Abroad Physical Exam, Consent, and Release Form  (Page 1 of 8)

Name __________________________________________ University ID Number __________________________

City, Country or NYU Site Abroad __________________________ Semester/Year __________________________

In submission of this form, I acknowledge that New York University has no obligation to seek any medical treatment whatsoever on
my behalf.

Personal Information

☐ Male ☐ Female

Date of Birth: Month/Day/Year __________________________ Place of Birth __________________________

(____) Local Telephone __________________________ School __________________________

Local Address __________________________________________ Apt. __________________________

City __________________________________________ State __________________________ Zip Code __________________________ Country __________________________

Family Information

(____) Father Telephone __________________________ E-mail __________________________

(____) Mother Telephone __________________________ E-mail __________________________

Permanent Address __________________________________________ Apt. __________________________

City __________________________________________ State __________________________ Zip Code __________________________ Country __________________________

Emergency Contact Information

Name of Person to Contact in an Emergency __________________________

Relationship to Student __________________________

Address __________________________________________ Apt. __________________________

City __________________________________________ State __________________________ Zip Code __________________________ Country __________________________

(____) Telephone __________________________ Mobile Telephone __________________________

(____) Work Telephone __________________________ E-mail __________________________
To the Parents or Legal Guardian:
If your son, daughter, or ward will be under the age of 18 years while on a New York University Study Abroad Program, it is our policy to secure your consent for medical treatment. By signing the consent form below, you will be giving your consent for any medical evaluation and treatment necessary to ensure the continued health of the student. In the event of a major health problem, whenever possible, specific permission will be obtained from you.

Authorization for Treatment of a Minor
I, ______________________________, being parent or legal guardian of ______________________________, give my consent to New York University Study Abroad, the physicians and other personnel utilized abroad, to administer such care, procedures, and treatment that is deemed necessary and in the best interest of the patient. As long as the medical or surgical treatment considered necessary in the situation is in accordance with the generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow (if none, so state): __________________.

I understand that this authorization is good until the time at which the minor mentioned above reaches his or her 18th birthday. In submission of this form, I acknowledge that New York University has no obligation to seek any medical treatment whatsoever on behalf of my child.

______________________________
Signature (parent or guardian)
______________________________
Date

______________________________
Address

______________________________
City Home Telephone

______________________________
State Zip Code Work Telephone
<table>
<thead>
<tr>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Ulcer disease</td>
<td>Seizures</td>
<td>Allergies</td>
</tr>
<tr>
<td>Rheumatic fever</td>
<td>Stomach problems</td>
<td>Diabetes</td>
<td>Cancer</td>
</tr>
<tr>
<td>Mumps</td>
<td>Irritable bowel</td>
<td>Hepatitis A</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>German measles (rubella)</td>
<td>Trouble seeing</td>
<td>Hepatitis B</td>
<td>Gallbladder problems</td>
</tr>
<tr>
<td>Chicken pox</td>
<td>Trouble hearing</td>
<td>Hepatitis C</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Hay fever</td>
<td>Migraines</td>
<td>Dizzy spells</td>
<td>Tension headaches</td>
</tr>
<tr>
<td>Hives</td>
<td>Bleeding problems</td>
<td>Vaginal infection</td>
<td>Heart murmur</td>
</tr>
<tr>
<td>Arthritis</td>
<td>Bruising problems</td>
<td>Pelvic infection</td>
<td>Heart disease</td>
</tr>
<tr>
<td>Bladder problems</td>
<td>Kidney problems</td>
<td>Anorexia</td>
<td>Asthma</td>
</tr>
<tr>
<td>Bulimia</td>
<td>Pneumonia</td>
<td>Back trouble</td>
<td>Stroke</td>
</tr>
<tr>
<td>Thyroid disease</td>
<td>Anemia</td>
<td>Sickle cell disease</td>
<td>Epilepsy</td>
</tr>
<tr>
<td>Varicose veins</td>
<td>Blood clots</td>
<td>Breast lumps/tumors</td>
<td>Convulsions</td>
</tr>
<tr>
<td>Uterine fibroids</td>
<td>Uterine tumor</td>
<td>Uterine cyst</td>
<td>Chlamydia</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Mononucleosis</td>
<td>Syphilis</td>
<td>Herpes</td>
</tr>
<tr>
<td>Discharge from penis</td>
<td>Discomfort when urinating</td>
<td>Lumps or lesions on genitals</td>
<td></td>
</tr>
<tr>
<td>Pain in the genitals</td>
<td>Other problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does the patient have any disabilities?  □ No □ Yes

Students with disabilities who will be studying abroad should contact the Henry and Lucy Moses Center for Students with Disabilities (212.998.4980 voice and TTY) in order to discuss resources that might be required, to provide the necessary documentation, and to arrange for these services well before departure.

Has the patient ever had surgery?  □ No □ Yes — If yes, please provide details:

Has the patient ever been hospitalized?  □ No □ Yes — If yes, please provide details:

Has the patient been treated for an emotional or psychiatric condition?  □ No □ Yes — If yes, please provide details:

Students who are currently being treated for such a condition should speak with their mental health professional regarding their time abroad, including arranging for services during their time abroad prior to departure, as well as providing for any required medication. The Office of Global Education (212.992.9940) can provide assistance with referrals abroad.

Date of the patient's last

<table>
<thead>
<tr>
<th>Examination</th>
<th>Examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Examination</td>
<td>Eye Examination</td>
</tr>
<tr>
<td>Physical Examination</td>
<td>Gynecological Examination</td>
</tr>
</tbody>
</table>
Name __________________________ University ID Number __________________________

City, Country or NYU Site Abroad __________________________ Semester/Year __________________________

**Medications/Allergies**

Is the patient currently taking any medications, vitamins, over-the-counter medications, or other health supplements? If so, please list:

______________________ ______________________ ______________________ ______________________

______________________ ______________________ ______________________ ______________________

Is the patient allergic to any medications? □ No □ Yes — If yes, please provide details:

Is the patient allergic to any food or other items (e.g., bee stings, peanuts)? □ No □ Yes — If yes, please provide details:

________________________________________________________

Other allergies? □ No □ Yes — If yes, please provide details:

________________________________________________________

**Social History**

Does the patient smoke now? □ No □ Yes — How many packs per day? ___ x ___ Years

Has the patient smoked in the past? □ No □ Yes — How many packs per day? ___ x ___ Years

Does the patient consume alcohol? □ No □ Yes

Has the patient consumed alcohol in the past? □ No □ Yes

**Nutrition**

Does the patient follow a special diet? □ No □ Yes — if yes, please provide details:

Has the patient ever experienced a medically significant amount of weight change in a year? □ No □ Yes — if yes, please provide details:

**Family History**

To be filled out by student in conjunction with physician. Please check any of the following medical conditions that anyone in the patient’s family has or has had in the past. Please include relationship to patient.

□ Diabetes: ______________________ □ High cholesterol: __________________

□ Heart disease: ____________________ □ Sudden death: __________________

□ Stroke: ________________________ □ Kidney disease: __________________

□ Birth defect or hereditary disease: ____________________________ □ Other: ____________________________
Immunization
Please indicate which of the following immunizations the patient has received and the date.
To be in compliance, students must have both items in section A or one each from sections B, C, and D.

A. M.M.R. (measles, mumps, rubella) if given instead of individual immunization.  
☐ First dose: immunized on or after first birthday and on or after January 1, 1972. ___/___/___
☐ Second dose: immunized 15 months after birth or later and at least 28 days after first dose. ___/___/___

B. MEASLES (rubeola)  
☐ Had the disease, confirmed by office record. ___/___/___
☐ Has report of adequate immune titer—MUST SUBMIT COPY OF LAB REPORT. ___/___/___
First dose: immunized on or after first birthday and on or after January 1, 1968; and ___/___/___
second dose: immunized 15 months after birth or later and at least 28 days after first dose. ___/___/___

C. MUMPS  
☐ Had the disease, confirmed by office record. ___/___/___
☐ Has report of adequate immune titer—MUST SUBMIT COPY OF LAB REPORT. ___/___/___
☐ Immunized on or after first birthday and on or after January 1, 1969. ___/___/___

D. RUBELLA (German measles)  
☐ Has report of adequate immune titer—MUST SUBMIT COPY OF LAB REPORT. ___/___/___
☐ Immunized on or after first birthday and on or after January 1, 1969. ___/___/___

E. MENINGOCOCCAL MENINGITIS
To be filled out by student in conjunction with physician. Check one box.

☐ I have (for students under the age of 18: My child has): had the meningococcal immunization (MenomuneTM) within the past 10 years. 
Date received: ___/___/___
☐ I read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain 
immunization against meningococcal meningitis within 30 days from my health care provider or New York University’s Student 
Health Center, Allergy and Immunology Services.
☐ I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not 
receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signature (Student/Parent or Guardian)  Month/Day/Year

All students attending NYU Study Abroad, including visiting students, are required to meet New York State laws regarding 
immunizations and to ensure that the NYU Student Health Center has this information on file. Failure to do so will impede release of 
grades, financial aid, etc.

F. OTHER IMMUNIZATIONS

☐ Tetanus  ___/___/___  ☐ Hepatitis A  ___/___/___
☐ Flu vaccine  ___/___/___  ☐ Hepatitis B  ___/___/___
☐ Yellow fever  ___/___/___  ☐ Pneumonia vaccine  ___/___/___
☐ Polio  ___/___/___  ☐ Rabies  ___/___/___
☐ Typhoid  ___/___/___  ☐ Other, please list type and date: _________________________________ ___/___/___
<table>
<thead>
<tr>
<th>Name</th>
<th>University ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, Country or NYU Site Abroad</td>
<td>Semester/Year</td>
</tr>
</tbody>
</table>

**Review of Systems**
Check any of the conditions listed below that the patient has or has had in the past. Please provide details as necessary.

<table>
<thead>
<tr>
<th>CONSTITUTIONAL SYMPTOMS</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., headaches, fatigue, fever)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., joint pain/weakness, cold extremities, difficulty walking)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EYES</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., eye disease/injury, blurred)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEGUMENTARY (SKIN)</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., rash; change in skin color, or double vision) hair, or nails)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EARS/NOSE/MOUTH/THROAT</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., hearing loss/ringing, drainage, chronic sinus problems, bleeds, swollen glands)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BREAST DISEASE</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., abnormal mammogram, pain, lump, discharge)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CARDIOVASCULAR</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., heart issues, chest pain, angina)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEUROLOGICAL</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., headaches, convulsions, seizures, paralysis, head injury)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPIRATORY</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., chronic/frequent cough, blood)</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PSYCHIATRIC</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., depression, insomnia, fainting, memory loss/confusion)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GASTROINTESTINAL</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., frequent diarrhea, constipation, blood in stool, nausea, vomiting)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ENDOCRINE</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., excessive thirst/urination, hormonal problems, temperature intolerance)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENITOURINARY</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., painful urination, blood in urine, burning on urination, kidney stones)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEMATOLOGIC/LYMPHATIC</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(e.g., slow to heal after cuts, anemia, phlebitis, bleeding or bruising tendency, past transfusion)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALLERGIC/IMMUNOLOGIC**
History of skin reaction or other reaction to

- Penicillin or other antibiotics □ No □ Yes
- Morphine, Demerol, or narcotics □ No □ Yes
- Novocain or anesthesia □ No □ Yes
- Aspirin or pain remedies □ No □ Yes
- Tetanus or similar vaccines □ No □ Yes
- Iodine, Merthiolate, or antiseptics □ No □ Yes

Other drugs/medications: _____________________________________________________________________________________
Please indicate the last date each item was examined, inclusive of this physical if conducting a new one, and indicate any abnormal issues.

Enter N.E. if not evaluated.

<table>
<thead>
<tr>
<th>Enter N.E. if not evaluated.</th>
<th>Date</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, face, neck, scalp</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Nose, sinuses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Mouth, teeth, throat</td>
<td></td>
<td></td>
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<tr>
<td>4. Ears (including whispered voice test)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Eyes, pupils, muscles balance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Ophthalmoscopic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Neck and thyroid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Thorax, breasts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Lungs</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>10. Heart (murmur, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Abdomen (including hernial)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Anus and rectum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Endocrine system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. GU system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Upper extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Lower extremities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Feet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Spine, other musculoskeletal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Neurologic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Psychiatric evaluation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Lymphatic system</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Vascular system (varicosities, etc.)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24. Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physical Examination Summary**

**Blood Pressure:** ________  **Pulse:** ________  **Height:** ________  **Weight:** ________  **Blood Type:** ________

**Vision:**

<table>
<thead>
<tr>
<th>Vision</th>
<th>Corrected</th>
<th>Uncorrected</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD</td>
<td>20/______</td>
<td>20/______</td>
</tr>
<tr>
<td>OS</td>
<td>20/______</td>
<td>20/______</td>
</tr>
<tr>
<td>Name</td>
<td>University ID Number</td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td>City, Country or NYU Site Abroad</td>
<td>Semester/Year</td>
<td></td>
</tr>
</tbody>
</table>

Based on your evaluation, does this student have a medical or psychiatric condition that could make study in a foreign country, including developing-world countries, inadvisable?  

- [ ] No  
- [ ] Yes  
- If yes, please provide details:

<table>
<thead>
<tr>
<th>Date of Examination</th>
</tr>
</thead>
</table>

Please Print

<table>
<thead>
<tr>
<th>Physician’s Name</th>
<th>Physician’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>(____)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
NYU GLOBAL TRAVEL RELEASE
Foreign Travel Release Form FOR STUDENTS 18 YEARS OR OLDER

Name __________________________ University ID Number __________________________

NYU Site or Other Location Abroad __________________________ Semester/Year __________________________

Wagner Course Name or Capstone/Internship Organization Name __________________________

Program: NYU Wagner Courses Abroad/International Capstone/Summer Internships

In consideration for being permitted to participate in the program described herein (the “Program”), which Program will or may involve travel in, from, and to the United States, and in, to, and from places abroad, including, without being limited to, ______________________ [destination city(s)], I hereby agree:

(a) to release and discharge New York University (the “University”) from any liability or responsibility for any injury (including death), and for any damage to or loss of property, however caused, that I suffer as a result of or in connection with my participation in the Program or any travel related to the Program, including, without being limited to, any injury, loss, or damage resulting from, arising out of, or occurring in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the University; and

(b) not to raise any claim or institute any legal action or proceeding against the University for any cause of action that may result from or arise out of or in connection with my participation in the Program or any travel related to the Program, including, without being limited to, any cause of action that may result from or arise out of or in connection with the negligent acts or omissions of members of the faculty or other employees or agents of the University.

All references to the University in this form shall include, and all provisions of this form shall inure to the benefit of, the University’s trustees, officers, employees, agents, servants, and representatives.

I will inform an appropriate representative of the University of any special information regarding my health, or physical or mental condition, that may be relevant to my participation in the Program or any travel related to the Program.

This release shall be governed by and construed in accordance with the laws of the State of New York applicable to contracts entered into and intended to be performed solely within the State of New York. I shall submit to the jurisdiction of the federal and state courts located in New York County, New York State, for the resolution of disputes arising hereunder or relating hereto, regardless of the place of execution hereof.

Name __________________________ Date of Birth __________________________

Address __________________________ City __________________________ State __________________________ Zip Code __________________________

Signature __________________________ Date __________________________

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