

**Acknowledgement of Risk  
International Professional or Educational Travel  
During an On-Going Pandemic**

International travel during the ongoing novel coronavirus disease (COVID-19) pandemic poses new and unique challenges and risks. Medical Missions Foundation recommends that only those individuals who are fully prepared for this dynamic environment and agree to act responsibly and in accordance with the rules, regulations and recommendations of both Medical Missions Foundation and their international host engage in an international surgical program at this time.

Please read the following information carefully.

1. I acknowledge that I am voluntarily choosing to participate in an international surgical program or professional travel during the ongoing COVID-19 pandemic. I acknowledge that COVID-19 is an infectious and highly contagious disease and travel increases my chance of contracting and spreading COVID-19.
2. I acknowledge that there are unique risks presented by international travel during a pandemic. These include, but are not limited to, contracting COVID-19; being quarantined and/or isolated for an extended period of time; changes in schedule at my host institution; government or company mandated work-from-home orders barring visitors from the institution; limited access to medical care for routine and pandemic related illness; restrictions on movement in-country and between countries, including between my host country and the United States; required repatriation at my own expense should the public health context in-country deteriorate significantly; and serious illness or death.
3. I have familiarized myself with the COVID-19 guidance provided by the U.S. Department of State (DOS) and the Centers for Disease Control and Prevention (CDC), including the country-specific travel health notices for the location to which I plan to travel. I understand that both the DOS and the CDC recommend against international travel during this time due to the dynamic nature of COVID-19 and the inability to predict future COVID-19 incidence in a foreign location. DOS and CDC guidelines are regularly modified and updated, and I agree to monitor these notices and maintain familiarity with the most recent guidance.
4. I agree to monitor my health prior to travel and to delay my travel if I have signs of illness or have been in direct exposure with a known COVID-19 positive person and have not produced a negative test result.
5. I understand that I may be required to obtain a COVID-19 PCR test in advance of travel as many airlines or destination countries now require test results prior to boarding or upon arrival in the

destination country. I am also aware that I may need to repeat testing after arrival or as requested by my host institution/host country. I also acknowledge that the CDC is requiring a COVID-19 test within 3 days of my return to the US Requirement for Proof of Negative COVID-19 Test or Recovery from COVID-19 for All Air Passengers Arriving in the United States | CDC. COVID-19 testing will be at my own expense.

6. I acknowledge that I must follow domestic and international laws and regulations regarding quarantine or self-isolation if required. I further acknowledge that I must plan in advance to arrive in my host country in time to quarantine if required. I also understand that independent travel between countries is highly discouraged as I could unwittingly be caught in rapidly changing quarantine regulations. I understand that I may also be required to quarantine upon my return to the United States and/or to the Medical Missions Foundation as per local regulations in effect at that time.

7. While I am abroad in my host country, I agree to follow all local public health guidance and regulations, which may include, but are not limited to, quarantine upon arrival, wearing a face mask as directed, having my temperature checked for entry to campus or community facilities, practicing social distancing, limiting social gatherings, limiting personal travel, observing and practicing good hygiene and cleanliness in common spaces, reporting on my health through use of a self-diagnosis app, participating in local contact tracing efforts, and self-isolating/seeking testing if I have reason to believe I have been exposed to COVID19. I understand that should COVID-19 cases increase in my host country during my tenure abroad, the host country or local government may institute more restrictive prohibitions such as mandatory stay-at-home orders or lockdowns to which I am subject to abide by as a visitor in the host country.

8. I understand that healthcare systems abroad are different from those in the U.S. Should I contract COVID19 and require treatment, the quality of my treatment may differ from what I might expect to receive in the U.S.

9. I understand that I am responsible for any and all costs resulting from required or elected quarantine, medical treatment, or return to my home country due to COVID-19. It is my responsibility to review my existing insurance coverage, understand the terms and limitations of this coverage, and secure additional coverage as desired for my planned travel.

10. I understand that U.S. citizen services offered by the local U.S. Embassy or Consulate may be suspended as a result of local, regional or national government restrictions or orders, and that airlines may restrict routes or cease operating at any time, thereby impeding my ability to return to the U.S. on the date of my choosing and/or the ability of a family member to travel to my host country should the necessity arise.

11. I understand and acknowledge that Medical Missions Foundation may suspend my travel before or during my intended travel should local conditions deteriorate such that traveling is no longer feasible. Should this occur while I am abroad, I will be advised of the process for returning home. Should travel be suspended due to ever-changing conditions, I understand that Medical Missions Foundation will not provide reimbursements for airfare, visas, fees paid to external organizations, or other travel or personal

expenses incurred due to the suspension. I have been advised to investigate trip interruption/cancellation insurance for additional protection against travel disruptions.

By electronically signing, you are acknowledging each of the statements below and agreeing to abide by the terms presented.