



MSUB Faculty/Staff International Travel Risk Management Plan

The following questions make up the [Faculty/Staff International Travel Risk Management Plan](#). Portions of the survey will ask you about country- and university/program-specific details.

Please only select "Unsure" from below or write that you don't know an answer if you absolutely cannot find the information. **It is the traveler's responsibility to know the following important details in order for MSUB to consider your program.**

For help, please utilize the following COVID-19 Travel Resources:

- [US Department of State Travel Advisories](#)
- [US Department of State COVID-19 Country-Specific Information](#)
- [Centers for Disease Control and Prevention COVID-19 Assessments](#)
- [CDC COVID-19 Data Tracker: WHO Data Source](#)
- [Harvard Global Health Institute COVID-19 Risk Level Map](#)
- [Our World in Data: Statistics and Research on COVID-19](#)
- [European Centre for Disease Control](#)
- [Kayak Travel Restrictions](#)
- [Travel Center: Travel Regulations Map](#)
- [All Countries: Travel Bans](#)

The MSUB International Travel Review Committee recommends submitting this form at least 30 days before your proposed departure. If approved, you will receive a letter from the Provost Office and will be required to complete the Risk Acknowledgment form and register your travel with the [MSU International Travel Registry](#), and purchase GeoBlue International Insurance prior to traveling. Please visit the Office of International Studies [International Travel Compliance website](#) for more information.

If you have any questions or concerns, please contact ois@msubillings.edu or call (406) 657-1705.



Personal Information:

Traveler's Full Name (First and Last): _____

Traveler's Phone Number: _____

Traveler's Preferred E-mail Address: _____

Traveler's GID # *(if traveler does not have a GID, please write "N/A".)*

Full Names of Department and College

Proposed Destination(s) *(Provide City/s and Country/s)*

Proposed Travel Dates *(Please indicate which location(s) for each time period, if relevant)*

Are you traveling with other MSUB affiliates?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ Unsure

College/Unit Approval

Please attach an e-mail indicating the approval for this program/your travel from your department chair and dean or equivalent department director.

Communication and Emergency Contacts

Please provide full name, relationship, phone number, and telephone number/s of your emergency contact at home.

Please provide full name, title/affiliation, phone number, and telephone number/s of emergency on-site contact.



Describe your communication plan (periodic check-ins, access to mobile or satellite phone, internet access, in an emergency, etc.). Include any local contacts.

If you anticipate any extended periods of time during your international opportunity/program when you will not be reachable via phone or email, please provide an alternative form of contact information.

Transportation

What are your modes of travel for getting to and traveling within your destination (air/land/sea travel)?

Describe the health and safety precautions you will take during transit.

Compliance with Entry Requirements

If your destination requires quarantine upon arrival, please describe how you will comply with this requirement upon arrival and any other re-entries to your host country?

Describe compliance with COVID-19 requirements for entry and the duration of your trip. *Please review the travel health resources at the top of this document to assist with your planning.*

Please describe the U.S. requirements for entry.

For reference, visit the U.S. Department of State's website:

<https://travel.state.gov/content/travel/en/international-travel.html>

What is your plan for return to the United States that adheres to the U.S. official entry requirements?



Housing and Quarantine

Describe the housing you will use and if you are capable of quarantining in your housing, if necessary. If not, please state how you intend to comply with any quarantine requirements you may face.

Briefly describe your planned travel itinerary on-site. For example, will you be conducting research at multiple sites, conducting meetings, working in a lab, etc.

Describe the setting in which your research or academic work is to be conducted (indoors/outdoors, alone or in a group, etc.).

What health, safety, and/or cleaning measures are in place during your program?

Risk Assessment and Mitigation Strategies

Please provide information on the specific risks at your destination(s) (such as health, personal safety, ground transportation, political unrest, natural disasters and environmental risks, risky activities) and your mitigation strategies.

For risk identification, please consult the following resources:

- [Centers for Disease Control: Travel Health Notices](#)
- [COVID-19 Travel Health Notices](#)
- [Department of State: All Travel Advisories](#)

Please describe your experience traveling to this location or similar destinations.



Have you consulted with MSU Travel Clinic, another travel health professional, or your primary care physician regarding your individual health and any vaccines, medications, or other medical necessities and precautions, particularly given the risks of COVID-19? *Do not include personal medical information on this form.*

- ☐ Yes
- ☐ No
- ☐ No – but I have an appointment scheduled.
- ☐ No – but I confirm that I will have a consultation before I travel.

Enrollment in [GeoBlue International Insurance](#) is required for all individuals participating in MSUB-sponsored international travel. If your international travel is approved, please affirm that you will apply for GeoBlue insurance coverage.

- ☐ Yes
- ☐ No
- ☐ Unsure

Provide the name, address and phone for the closest 24-hour emergency medical facility to your accommodation.

Please confirm that you've enrolled in the US Department of State Smart Traveler Enrollment Program (STEP) for each of your destinations. If you haven't yet or are unfamiliar with the STEP program, follow this link to learn more and get enrolled: <https://step.state.gov/step/>

- ☐ Yes
- ☐ No
- ☐ Unsure

List the full address of the nearest U.S. Embassy or Consulate for each of your destinations.



Contingencies for extended stay

In the event of border closures, business closures, or restrictions on travel, what are your contingency plans for lodging and access to food, water, medicine, and basic necessities, etc.? Have you planned for these contingencies with your funding source?

**Other comments or information for the MSUB International Travel Review Committee.
Please include any statements from your host organization regarding how it will support you in mitigating any risks you may face while abroad.**