

October 12, 2017

## University of Florida International Travel Check List

Please complete this form and send it to the person in your department responsible for travel before you travel abroad on behalf of the University of Florida. Please do so for each trip even if it involves repeated visits to the same country.

Traveling to (list countries): \_\_\_\_\_

\_\_\_\_\_

Travel dates: \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ (mm/dd/yy)

Travel dates: \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ (mm/dd/yy)

Travel dates: \_\_\_\_\_ (mm/dd/yy) to \_\_\_\_\_ (mm/dd/yy)

\_\_\_\_\_ (initials) I have consulted with my clinician or a travel clinic about my international travel and have received necessary vaccines and travel medication

\_\_\_\_\_ (initials) As required I have registered my international travel with the International Center (<http://www.ufic.ufl.edu/travelregistration.html>) and have received my TeamAssist card.

\_\_\_\_\_ (initials or n/a) If I am traveling to an embargoed country, I have additionally read the UF policy at <http://www.ufic.ufl.edu/TravelEmbargoed.html>, and as required I have contacted Dean Leonardo Villalón.

Name: \_\_\_\_\_  
(exactly as it appears on your government-issued passport)

UFID \_\_\_\_\_ Passport #: \_\_\_\_\_

Date of passport issue: \_\_\_\_\_ (mm/dd/yy)

Date of passport expiration: \_\_\_\_\_ (mm/dd/yy)

Country of issue: \_\_\_\_\_ Country of residence: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)