

**Information Regarding Participation in International  
Clinical or Research Electives  
SOS**

(Rev 5.08.24)

The Johns Hopkins University School of Medicine (SOM) recognizes the important professional and personal enrichment that comes with participation in medically-related activities around the globe. Just as we have a responsibility to provide educational experiences in our own curriculum appropriately supervised and tailored to match a student's developmental stage in their training, we also have a similar responsibility with regard to students' participating in clinical and elective experiences abroad. For this reason, the SOM requires that all students seeking elective credit for international rotations satisfy a number of predeparture requirements (see Application for International Clinical or Research Elective form) which should be submitted to the Office of Medical Student Affairs for review.

**Health and Security Assistance** – The school has implemented a comprehensive travel assistance program supported by Healix International. Traveling students have a one-call point of contact for medical and security issues via dedicated Johns Hopkins 24/7 Assistance Services Helplines (<https://travel.ssc.jhu.edu/wp-content/uploads/sites/8/HX-Global-info-for-JH.pdf>). While abroad, students on approved electives can use Healix (HX Global), which provides medical, dental, and evacuation services if needed. This is provided free of charge by the University. You can print proof of coverage from the website. We strongly suggest you keep a hard copy of this card with the other documents you need during your travel experience as well as take a photo of it with your mobile device. To establish “duty of care” – you will need to provide details of your travel, including flight segment numbers to your Scholarly Concentration administrator (if for SC summer research elective) or OMSA who can then provide this information to HX Global. Students should then download the HX Global app <https://travel.ssc.jhu.edu/traveler-tools/travel-security-tools/>

**Ethics/Ethics Module** - Students may encounter situations in the international setting which may present ethical challenges above and beyond those encountered in their experiences here. Any research involving human subjects must have obtained IRB approval prior to the student's participation. As in any clinical situation, students should not engage in clinical work beyond the scope of their education/training. They should also be aware that there may be different expectations with regard to patient autonomy and other ethical precepts that are a part of our practice here. Were a student ever to feel uncomfortable regarding any such issue, they should discuss this openly with their preceptor. Mentors, advisors, and members of the Office of Medical Student Affairs are also available for students to communicate their concerns either during the rotation or upon their return.

Prior to undertaking any such elective, students must demonstrate completion of an ethics module case series regarding global health issues and submit documentation to this effect along with the other materials listed above. The ten cases can be found at <http://ethicsandglobalhealth.org>.

**Travel Clinic** - Necessary immunizations can be received at the Travel Clinic. See attached information on how to access services and the reimbursement policy.

## Application for International Clinical or Research Elective Office of Medical Student Affairs Requirements

Please return your completed requirements to the Office of Medical Student Affairs  
(somstudentaffairs@jhmi.edu)

1. Completion of [Ethics Modules](#); 2. Signed travel waiver; 3. List of learning objectives endorsed by proposed preceptor; 4. Letter or email of acceptance; 5. Proof of completion of SPH [International Travel Preparation, Safety and Wellness](#) course; 6. Letter from the [Johns Hopkins Travel Program](#) indicating the student has had a predeparture health assessment; 7. This Form

\*Students will also need to register for the elective through the Registrar's Office Self-Service Portal.

Name of Student: \_\_\_\_\_ Medical School Year: \_\_\_\_\_

Elective Title: \_\_\_\_\_ Dates of Proposed Elective: \_\_\_\_\_

Clinical or Research? \_\_\_\_\_

If research involves human subjects, will IRB approval be obtained before you begin the elective? Yes \_\_\_\_ No \_\_\_\_

Institution/Location of Proposed Elective:

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Name of Preceptor: \_\_\_\_\_

Title of Preceptor: \_\_\_\_\_

Credentials of Preceptor (e.g. attending physician): \_\_\_\_\_

Scope of Expected Duties: \_\_\_\_\_

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Student's activities will be supervised by an attending level physician or other provider appropriately credentialed/licensed to practice in this setting: Yes \_\_\_\_ No \_\_\_\_

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Office of Medical Student Affairs

State Department Travel Advisory Level: \_\_\_\_\_

CDC Travel Health Notice: \_\_\_\_\_

Approved: Yes \_\_\_\_ No \_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

**JOHNS HOPKINS UNIVERSITY  
RELEASE AND WAIVER OF LIABILITY**

This Release and Waiver of Liability (the "Release") is executed in favor of Johns Hopkins University, its affiliated organizations, directors, officers, employees, and agents (hereinafter referred to jointly as JHU).

I, \_\_\_\_\_, desire to be associated with JHU and to engage in the study abroad activities as set forth below: \_\_\_\_\_

I understand this may include, but may not be limited to, traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the foreign country(ies) to which I travel, and living and working in cultures and with people whose living conditions, social practices and values, and even attitudes toward foreigners may be significantly different from those in my home country and culture.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **General Waiver and Release.** I, \_\_\_\_\_, release and forever discharge and hold harmless JHU and its affiliated organizations, directors, officers, employees, and agents, and their successors and assigns, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participating in the study abroad program and related activities, whether such liability, claims, or demands results from travel, from disease, consumption of food, or from civil unrest or otherwise.

I understand and acknowledge that this Release discharges JHU from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my participation in the study abroad program at JHU. I understand that JHU assumes no responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death, accident, monetary loss or property damage.

2. **Medical Treatment.** I hereby release and forever discharge JHU from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me or to my dependents/companions in connection with an emergency or health problem during my participation in the study abroad program.

- 3. Assumption of Risk.** I understand that my participation in the JHU study abroad program may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my travels, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities. I understand that I assume the risk of being taken hostage and held for payment of ransom.
- 4.** I hereby expressly and specifically assume the risk of injury or harm in these circumstances and release JHU from all liability for injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation with the JHU study abroad program, whether suffered by me personally or by any of my accompanying dependents or companions.
- 5. Other.** I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. I understand that any dispute concerning this Release or any aspect of my participation in the JHU study abroad program shall be brought in the state or federal courts of Maryland.

To express my understanding and acceptance of this release, I sign here in front of a witness.

**Student:**

Name: *(please print)* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Witness:**

Name: *(please print)* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Travel Immunizations

School of Medicine residents, postdoctoral fellows, graduate students, and medical students approved for an elective abroad should make arrangements for a pre-travel consultation, that includes receiving travel-related immunizations, from the Johns Hopkins Travel and Tropical Medicine Clinic currently located at 615 N. Wolfe Street, Room WB031, in the Bloomberg School of Public Health building.

The telephone number is 410-955-8931; the email address is [travelmedicine@jhmi.edu](mailto:travelmedicine@jhmi.edu).

A pre-travel consultation is required before receiving travel-related vaccines. When making an appointment you **MUST** contact the clinic schedule an appointment at least **8 weeks prior** to your anticipated departure date (sooner if possible) as the clinic is very busy.

Please notify the person scheduling your visit that you have been approved (or anticipate approval) for an elective abroad. You may make your appointment even before you receive notification from JHUSOM that your elective is approved, although the appointment should not occur until you have received approval to travel from your program and your respective Dean's office. The clinic will be notified by Student Health and Well-being, Primary Care (SHWB) that you are going on an approved elective, the month your travel will commence, and the country of travel.

Travel clinic staff will submit the bill for your visit and vaccines through the JH Billing Office who then will send the bill for your approved elective to SHWB for review. Once authorization is determined, payment for travel immunizations goes directly to the travel clinic billing department.

JHUSOM will not reimburse learners for the cost of visits or vaccines provided at travel medicine clinics outside of Johns Hopkins. Please note, your Wellfleet insurance does not allow benefits for travel consultations or travel-related vaccines. Thus, all learners must go through the procedure described above in order to have these costs covered.

If for any reason, you get a bill for a travel consultation and related travel vaccines for an approved elective, do not pay it, and contact SHWB at 410-955-3872 for immediate assistance. Please note that this benefit applies only for approved electives and does not apply to personal travel.