

**FORM REQUIRED WHEN TRAVELING TO COUNTRIES DESIGNATED AS  
EXTREME OR HIGH UNDER THE MIT TRAVEL RISK POLICY.**

**TRAVEL RISK ACKNOWLEDGEMENT FORM FOR FACULTY AND STAFF  
(Revised June 2015)**

Please read the MIT Travel Risk Policy at <https://insurance.mit.edu/services/international-travel/mit-travel-risk-policy> before completing this form since completion of this form is not required for travel to all countries.

Traveler's Name: \_\_\_\_\_  
MIT Department: \_\_\_\_\_  
Dates of Trip/Destination(s): \_\_\_\_\_  
Emergency Contact (incl phone): \_\_\_\_\_

Attach Itinerary (include modes of transportation to, within and from destination(s), hotels/housing, and schedule). In connection with my trip to the above-referenced destination(s):

1. I have carefully identified, reviewed and considered the risks of travel to my destination(s), including the most recent relevant U.S. State Department ("DoS"), Centers for Disease Control ("CDC"), and World Health Organization ("WHO") Travel Warning(s) available through <http://travel.state.gov/>, <http://www.cdc.gov/>, and <http://www.who.int> (Travel Warning), as well as the MIT Travel Risk Policy at <https://insurance.mit.edu/services/international-travel/mit-travel-risk-policy>.
2. I have checked with MIT's Insurance Office to determine whether MIT's travel insurer will provide me with business accident/emergency medical travel insurance ("Travel Insurance") for my destination(s). (Unavailability of such coverage further evidences seriously heightened risks.)
3. I know I am not required or encouraged to travel, and I may not be coerced to travel to my destination(s). I also know that there are heightened security, medical and/or natural disaster risks in travel to locales where DoS CDC, and/or WHO have issued a travel warning. Nevertheless, I have decided my trip is essential.  
Check if applicable: \_\_\_ I am traveling to my home country and would make this trip for personal reasons in any event.
4. I will not, under any circumstances, take (or enable) any students to travel to or through any area designated as 'Extreme' or 'High' under the MIT Travel Risk Policy, unless such students have received a waiver from MIT's Chancellor after submitting the 'Student High Risk Waiver Application'. I understand that it is recommended that under no circumstances whatsoever should I travel to or through any such disapproved areas, or use any mode(s) of transportation which U.S. government personnel or their families are prohibited to use. (See Travel Warning and its periodic updates.) I know these areas/modes of transportation pose heightened serious risks of conflict, terrorist activity, and/or other dangers.
5. I know conditions in my destination(s) may change rapidly and I will stay informed of current events on a frequent basis by obtaining updated security and health information from, and registering with, the nearest U.S. Embassy or Consulate General (see Travel Warning for contacts), and from the ISOS, DoS, CDC and WHO websites. I will also enroll in the warden system with the U.S. Consulate(s) nearest my destination(s). If I am not a U.S. citizen, I will register with my home country's Embassy or Consulate and get updated information from the U.S. and my home country's Embassies or Consulates.
6. I have obtained information regarding International SOS travel assistance services and received their travel card from the Insurance Office or on their [website](#). I will contact the Insurance Office should I need additional assistance.

---

TRAVELER'S SIGNATURE

---

DATE

**Please sign and file this form with: (1) Your Department Head and (2) The Office of Insurance ([insurance@mit.edu](mailto:insurance@mit.edu)) PRIOR to traveling.**