

PRE-TRAVEL CHECKLIST

| Education and Awareness | | | |
|-------------------------|---|--|--|
| | Review a current country report from UnitedHealthcare Global, the U.S. Government, or other reliable source for your destination locations. | | |
| | Ensure that you are aware of the security risks in the countries to be visited and appropriate actions are taken, as recommended in country reports and travel advisories. | | |
| | Ensure that you are aware of the political situation in your destination. | | |
| | Ensure that you are aware of any key dates, holidays, or events that may occur during your visit. | | |
| | Register with your country's embassy or consulate. U.S. citizens can register through the U.S. State Department's travel website | | |
| Travel Documents | | | |
| | Confirm your passport is current, with a minimum 6 months prior to expiration – longer for expatriates. | | |
| | Confirm all visa requirements will be met and are current. | | |
| | Be aware of any applicable arrival or departure taxes that you may encounter. | | |
| | Have photocopies of all travel documents, including passport, visa and tickets. Carry one set separate from originals and leave one set at home or with a friend or relative. | | |
| Travel Itinerary | | | |
| | Confirm all travel accommodations and bookings prior to departure. | | |
| | Ensure a family member / your supervisor has a copy of the itinerary and schedule. | | |
| | Ensure you have your family member / supervisor's contact information in case the itinerary changes. | | |
| | Obtain the weather forecast for your destinations. | | |
| Health | | | |
| | Are you fit to travel? | | |
| | Obtain details of your destination's travel health risks and learn how to avoid contracting these health risks in Global Medical Intelligence | | |
| | Keep written instructions and copies of prescriptions that may be required. Be sure to refer to pharmaceuticals by their generic name(s) and know the dosages. | | |
| | Have sufficient quantities of your prescription medication, including extra for any travel delays that may be experienced – bring them in carry-on luggage in their original containers with corresponding prescriptions. | | |



| | Obtain necessary vaccinations against infectious diseases. | |
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| | Bring an extra pair of eye glasses, contacts and contact solution. | |
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| Security | | |
| | Have a check-in procedure with your family or employer, including established dates and times for checking in. | |
| | Do not carry any non-essential credit cards, bank cards, and ID cards. | |
| | Prior to departure, arrange transportation plans to travel from the airport to your destination. | |
| | Determine if you will have cell phone service at your destinations. | |
| | Consider purchasing an international calling card. | |
| | Bring a small flashlight with extra batteries. | |
| | Bring battery chargers and power converters/adapters. | |
| | Use covered luggage tags that use your office or a relative's address. | |
| | | |
| Medical Case – Contact UnitedHealthcare Global to provide the following: | | |
| | Name, Date of Birth, contacts | |
| | Note your UnitedHealthcare Global ID # | |
| | Location (city, state, country) | |
| | Treating Physician name, specialty, contacts (phone numbers, email address) | |
| | Treating facility name and contacts (phone numbers, email address) | |
| | Information on the medical conditions: medical reports, etc. | |
| | Consent to Release Medical Information (specify to whom) | |
| | | |
| Secui | rity Case – Contact UnitedHealthcare Global to provide the following: | |
| | Name, Date of Birth, contacts | |
| | Note your UnitedHealthcare Global ID # | |
| | Location (city, state, country) | |
| | Specific security concerns | |



Medical or Evacuation

| | lition to the information requested for a medical case, contact UnitedHealthcare Global with the ing information for the patient and any traveling companion: | |
|-------------|---|--|
| | Citizenship | |
| • | Passport: Country where passport was issued | |
| • | Passport number | |
| • | Passport expiration date | |
| • | Machine readable: Yes/No | |
| • | Visa to enter destination country – it is important to know ahead of time if a special visa is required to enter a nearby country offering better healthcare (e.g. for Somalia, knowing about Kenya, South Africa, UAE and Western Europe visa requirements depending on the citizenship) | |
| • | Names as they appear on the passport | |
| • | Copy of passport and relevant pages (Main page, entry/exit visas) | |
| • | Date of Birth Local address (hospital, office, home?) | |
| Safe Havens | | |
| | Obtain address and contact information for your country's embassy in your destination location. U.S. citizens can locate embassy information online through the U.S. State Department's website. | |
| | Obtain details for a suitable safe haven, such as a hotel. Ensure that your family / supervisor has the contact information for this location. | |
| Finan | ce | |
| | Obtain sufficient cash for out-of-pocket funds that cannot be put on a credit card. | |
| | Make a photocopy of your credit card (front and back) to be carried separately. | |
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