# Harvard University shield and wordmark

# Petition for an Exception to Travel on a Harvard-related Trip within the U.S. or Internationally

This form is for use by faculty, postdoctoral fellows, students, and staff who:

have an approved medical or religious exemption from the [University’s COVID-19 vaccination and booster requirements](https://www.harvard.edu/coronavirus/covid-19-vaccine-information/), **and**

are seeking to travel to any country or within the U.S., **and**

can demonstrate that they meet one of the three exceptions for travel as described on page 2.

## Instructions, Traveler Information, and Approvals

*To petition for an exception to travel, please submit your completed form* ***at least 14 days (but not more than two months) before your proposed departure****. Prior to completing the form, you must discuss your proposed travel and obtain approval from your department chair or equivalent academic supervisor. If your proposed travel is with one or more Harvard affiliates, each person must submit an individual petition. Send your completed form to the Office of the Vice Provost for International Affairs (OVPIA),* [*international\_affairs@harvard.edu*](mailto:international_affairs@harvard.edu)*. We’ll notify you as soon as possible whether or not your Harvard-related travel is approved.*

*If approved, you will receive a letter from the OVPIA, and you will also need to complete an attestation and the* [*COVID-19 travel requirements*](https://www.harvard.edu/coronavirus/travel-guidance/#travel-reqs) *that apply to you. If applicable, your approval letter from the OVPIA and your International SOS registration confirmation email must be included with any requests for reimbursements/payments to University corporate cards for travel-related expenses.*

### **Traveler name(s) and affiliation(s)**

If your proposed travel is with one or more Harvard affiliates, please include each person’s name and affiliation. ***Students:*** *also indicate your year*.

Click or tap here to enter text.

### **Destination and dates**

Where (country, territory, state) and when is your proposed travel (MM/DD/YY – MM/DD/YY)? Include your point of origin/return, any intermediate stops (including all stops on non-direct flights or other methods of transportation), and final destination.

Click or tap here to enter text.

### **School/Unit approval**

I have received approval for this trip from my department chair or equivalent academic supervisor. Note that the OVPIA may consult with the applicable individual(s) during the petition review process. ***Doctoral students:*** *you must receive approval from your advisor and your department chair.* ***All other students:*** *you must receive approval from the relevant academic supervisor for your travel.*

Choose an item.

**Provide the name(s) and email address(es) of your department chair or equivalent academic supervisor.** When submitting your petition form, you must also attach an email indicating approval from this individual. ***Doctoral students:*** *include the names and email addresses from your advisor and your department chair, and attach approval emails from both****. All other students:*** *include the name and email address from the relevant academic supervisor for your travel, and attach their approval email****.***

Click or tap here to enter text.

## Part 1: Travel Exception

*Exceptions to Harvard’s travel guidance are considered only for travelers who demonstrate the following:*

1. *that your travel is directly and immediately related to the COVID-19 pandemic* ***and*** *that there are no alternatives to travel; OR*
2. *that your travel is essential to the survival or long-term viability of a significant research activity or other academic work,* ***or*** *that this activity is a substantial component of your academic or professional work at Harvard,* ***and*** *that there are no alternatives to travel; OR*
3. *that you are traveling to a single country for 90 or more consecutive days to undertake research, academic, or professional activities that are an essential component of your degree program or professional work at Harvard,* ***and*** *that there are no alternatives to travel.*

*Please ensure that all contact information provided above is accurate, as each potential traveler may be contacted to discuss the information provided in Part 1.*

## **Criticality of travel**

Is your travel for work directly and immediately related to the COVID-19 pandemic? If yes, please describe the nature of the work and why your travel is critical.

If your travel is not directly and immediately related to the COVID-19 pandemic, then please 1) describe the purpose for your travel; 2) explain why it is *essential* to the survival or long-term viability of a significant research activity or other academic work, or to your degree program or professional work at Harvard; and 3) why this travel cannot be postponed.

Click or tap here to enter text.

## **Alternatives**

Are there alternatives that would enable you to conduct this work remotely? Can the work be done by a partner in country?

Click or tap here to enter text.

## **Foundation of your work**

How central is the work you are conducting during this travel to your overall research or academic work? What percentage of your research or work does this activity comprise?

Click or tap here to enter text.

## Part 2: Travel Risk Mitigation Plan

*As part of your petition, please answer the following questions in support of your travel safety plan. In addition to your responses below, we may schedule a follow-up security consultation. If you have questions about this section of the petition, email the International Safety and Security team in Harvard Global Support Services (GSS),* [*international\_safety@harvard.edu*](mailto:international_safety@harvard.edu)*.*

### **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.

Click or tap here to enter text.

**Compliance with COVID-19 requirements for entry and the duration of your trip**

What are the quarantine and other public health requirements (physical distancing, practicing good hygiene, testing, wearing a mask, etc.) for entering and traveling within your destination? How you will comply with them?

Click or tap here to enter text.

### **Accommodation**

Describe your accommodation plan, including hotels/dormitories/rental homes and, if known, any enhanced cleaning protocols. Is your lodging private or communal? Will you be able to self-isolate or quarantine in your accommodation if that becomes necessary?

Click or tap here to enter text.

### **Research/Work environment**

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?

Click or tap here to enter text.

### **Communication**

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

Click or tap here to enter text.

### **Health and insurance**

Do you have the appropriate insurance (health, medical evacuation, life, etc.), either individually or through an external support organization? *Do* ***not*** *include personal medical information on this form.*

Choose an item.

Have you consulted with a primary care provider 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.*

Choose an item.

### **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?

Click or tap here to enter text.

***For international travel*, please read and acknowledge the following International SOS capabilities:**  
International SOS, the University’s emergency response program, ordinarily is available to help you 24/7 during and after a medical, mental health, or security incident abroad, including certain approved medical and security evacuations. However, considering the current COVID-19 global pandemic, it is important to understand that quarantine and extended stay costs are generally not covered expenses. Additionally, the presence or resurgence of COVID-19 in a given location, the emergence of a new COVID-19 variant, and border closures due to COVID-19, are not covered causes for an International SOS evacuation. Even if an evacuation is approved, International SOS will be bound by the local government’s regulations and may not be able to evacuate you. See the International SOS [country-specific restrictions, screenings, and flight operations](https://pandemic.internationalsos.com/2019-ncov/ncov-travel-restrictions-flight-operations-and-screening) for COVID-19 updates (log in with the Harvard University membership number: 11BYCA774932).

Choose an item.

### **Compliance with COVID-19 re-entry requirements**

Outline the certifications, quarantines, or other COVID-19 health measures currently required by the country, state, or territory to which you will return at the end of your trip. Describe how you will comply with each requirement.

* If you are traveling within the United States, refer to the [CDC domestic travel guidance](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html).
* If you are returning to the United States from a foreign country, refer to the [CDC travel requirements](https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel/index.html).
* If you are returning to Massachusetts and/or Harvard’s campus, refer to [Massachusetts' travel information](https://www.mass.gov/info-details/covid-19-travel) and [Harvard's post-travel COVID testing policy](https://www.harvard.edu/coronavirus/travel-guidance/post-travel-covid-testing-and-quarantine-policy/).
* For other [country- and state-specific COVID-19 restrictions, screenings, and flight operations](https://pandemic.internationalsos.com/2019-ncov/ncov-travel-restrictions-flight-operations-and-screening), refer to the [International SOS dashboard](https://pandemic.internationalsos.com/2019-ncov/ncov-travel-restrictions-flight-operations-and-screening) (log in with the Harvard University membership number: 11BYCA774932).
* Requirements may change over time without prior notice. At the end of your trip, you are responsible for informing yourself of, and conforming to, all re-entry requirements.

Click or tap here to enter text.

### **FOR GSS USE ONLY: Comments on travel risk mitigation plan**

Click or tap here to enter text.

## Part 3: Attestation (to be completed *after* final approval of Parts 1 and 2)

## **Attestation for travel exception and travel risk mitigation plan**

I confirm that the information provided in the travel exception and travel risk mitigation plan is accurate and complete, that I understand and feel comfortable with the risks of travel, and that I will adhere to the travel plan developed with GSS.