

**APPENDIX B**  
**Northeast Ohio Medical University**  
**Student International Experience**  
**RISK ASSESSMENT FORM**

Must be submitted to the Global Engagement Office with the  
Petition for Implementation of Student International Experience

**Fill out the worksheet below to help assess your approach to managing the risks associated with your international experience (if more space needed, please attach a separate sheet).**

Activities	Associated Risks	Management Plan
List all activities that may be undertaken during the duration of the experience.	For each activity list all of the associated risks that may be involved.	For each risk list a management plan to prevent the risk.

What resources have you consulted to determine that you are able to adequately manage this event? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach a copy of the assumption of risk/waiver, medical release, and emergency contact form that you intend to use if different from NEOMED's.

Are you contracting a service from a non-university affiliated business (ex. Doctors in Training)?

Yes     No

If yes please provide all documentation.

**PROMOTION OF TRIP** (for faculty-led trips only)

Are you planning on posting flyers or advertising on campus?  Yes  No      If yes please attach a copy.

Are you using a NEOMED logo or trademark in association with your activity?       Yes  No

If yes did you seek appropriate approval from the Development Office  Yes  No

Signature of Faculty

(if appropriate): \_\_\_\_\_

Signature or Acknowledgement of Student

(if appropriate): \_\_\_\_\_