



Pre-Departure Student Orientation

Student Name: _____
Please Print Name

C/INSA Student #: _____
5 digit number

Student Signature: _____

Date of Pre-Departure Orientation: 06 / 25 / 2021
MM DD YYYY

Location of Orientation: online

Who presented the Orientation: Elena Logozzo, Maria Grazia Usai
Please Print Name

Title/Position: High School Program Coordinator for Astudy

Signature of person from organization MM DD YYYY

Organization Name: ASTUDY International Education srl

Council for Educational Travel USA • HSP Office • 678 Front Ave. NW Suite 091A • Grand Rapids, MI USA 49504
Phone: 616-365-9940 • Fax: 616-365-9941



Student Health Agreement

CETUSA is committed to upholding, at all times, the safety and well-being of our students, school communities, host families, and staff. Our exchange students must follow all government and airline requirements while flying and entering the USA, and also all state regulations during their homestay.

If a student is experiencing symptoms of illness (fever, cough, trouble breathing, etc.) before their flight, the student **should not fly** and should reschedule their flight after their symptoms disappear.

In order to mitigate the spread of COVID-19, CETUSA is following the advice of government and health officials, and we will continue to provide guidance to our students so they can maintain their health and that of their host family and community during their stay in the USA.

Daily Health and Hygiene Precautions for Students:

- **Clean hands frequently:** Regularly and thoroughly clean hands with an alcohol-based hand rub or wash them with soap and water for at least 20 seconds. Wash hands when entering the host family home or school then clean hands frequently throughout the day.
- **Never share personal items:** Students should never share personal items at school or with friends.
- **Stay home if ill:** If a student feels ill, he or she should report this to the host family and Local Coordinator then stay isolated at home. Do not go to school. Most young people will experience only mild symptoms. However, if a student needs to see a doctor, our health insurance coverage includes treatment for COVID-19 related illnesses.
- **Avoid crowds:** if not possible, wear a mask to keep yourself and others safe.
- **Maintain social distancing:** Students should always maintain 6 feet or more distance between themselves and others who do not live in their household when outside the home.
- **Cover mouth when coughing or sneezing:** When coughing or sneezing, cover mouth then wash hands with soap and water or clean them with alcohol-based hand rub.
- **Home and school rules:** Students must follow all host family, school, and government rules including those that pertain to COVID-19 safety precautions.

NOTE: Stricter safety measures may be required during the program in some areas if higher levels of COVID-19 increases.

I, _____ have read and understand that my health and the health of those around me is extremely important during my exchange program. I also understand that, if I do not follow the above guidelines, it may lead to my program being reviewed and possibly shortened, and any additional costs related to relocation and/or quarantine measures would be my responsibility.

Signature of Student

Date

Signature of Natural Parent

Date



CETUSA
Council for Educational Travel, USA

Fit for Travel Health Certificate

Must be completed no more than 72 hours prior to flight

Student Name: _____

Flight Date & Confirmation Code: _____

Date of Birth: _____

Student's Temperature Reading: _____

Has student experienced any of the following COVID-19-related symptoms in past 14 days?

Yes No Cough

Yes No Shortness of breath

Yes No Chills

Yes No Muscle Pains

Yes No Sore Throat

Yes No Recent Loss of Taste or Smell

Yes No Knowingly been exposed to anyone who has tested positive for COVID-19?

Although not required, it is highly recommended students be tested for COVID-19 before departing for the United States. Has student been tested for this? Yes No

If yes, what date was the test done: ___/___/___ Result: _____

Based on the above, I hereby declare this student is fit to travel by air on the flight date(s) noted at top of page.

Physician's Signature: _____

Printed Name: _____

Physician's Office Address: _____

Physician's Phone: _____

Date: ___/___/___

** If student does not have this completed form with them when they arrive at their homestay, they will be required to visit a U.S. doctor to complete the form at the student's expense before enrolling in their high school.*