**International Travel Exception Override Request**

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| --- | --- |
| Member Name |  |
| Member ID |  |
| DOB |  |
| Member Phone Number  (If different than PeopleSafe) |  |
| Pharmacy Name |  |
| Pharmacy Phone Number |  |
| Travel Start Date |  |
| Travel End Date |  |
| Medication Name and Strength |  |
| Day Supply Requested |  |
| Travel Destination |  |