

Statement of Understanding DISEASE RISKS FOR UPCOMING TRAVEL

Destination countries and regions _____

*Students must attach a hard copy of the Country Report(s) issued by the Government of Canada (Department of Foreign Affairs and International Trade Canada) for the destination(s) listed above. Country Reports are available at www.voyage.gc.ca/dest/ctry/reportpage-en.asp

According to the attached Country Report(s)*, prevalent diseases in the areas I will travel to are:

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

I have consulted a physician about my travel, and have discussed vaccination and other measures (e.g., malaria prophylactics) to protect myself against these diseases.

Name of physician _____ Address _____
Tel _____

Initial **ONE** of the following statements:

- _____ I have determined that I am current with regard to relevant vaccinations, and/or have been immunized against, or will take other prophylactic measures to address, this risk.
- _____ I have researched and consulted with a physician about the risk to me from diseases prevalent in my travel destination(s). I understand and accept that risk, and I have chosen not to undertake vaccination or prophylactic measures to address all or some of this risk.

Indicate any other measure(s) you intend to employ to mitigate the risk posed to you by disease prevalent in your travel destination(s) (e.g, use of mosquito netting):

Name (print) _____	Witness (print) _____
Signature _____	Signature _____
Date _____	Date _____

Submit one copy of all required documentation to:
FES Clerk, Faculty Governance
127 Health, Nursing and Environmental Studies Building, York University