



Statement of Understanding

DISEASE RISKS FOR UPCOMING TRAVEL

Destination countries and regions _____

Students must attach a copy of the Country's Travel Advice and Advisories issued by the Government of Canada (<https://travel.gc.ca/travelling/advisories>) for the destination(s) listed above.

According to the attached Travel Advice and Advisories, prevalent diseases in the areas I will travel to are:

- 1) _____ 3) _____
2) _____ 4) _____

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 _____ Telephone _____

Address _____

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 Student Resource Assistant, OSAS

133 Health, Nursing and Environmental Studies Building, York University