

## Infectious Disease - Form for Period of Elective Study

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

### Student Declaration:

Details of proposed elective period of study including destination, health care facilities, anticipated learning experiences and duties, departure date and duration of stay.

I have sought advice regarding potential infectious diseases and risks associated with travel and my learning/work experiences during the elective period of study

Signature: \_\_\_\_\_

### Health Care Provider Declaration:

The student has sought and received appropriate advice regarding potential infectious diseases and risks associated with travel and the intended learning/work experiences during the elective period of study

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address or Stamp:

Date \_\_\_\_\_

RETURN: Please return the signed form to the designated person within your School 4 weeks prior to the commencement of your first placement.

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