

**Travel Health Declaration for Medical Student Elective Placement Overseas**

*Please take this form to your GP, infectious diseases physician or doctor with an interest in travel medicine*

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

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

**Student Declaration:**

* I have explained the details of my proposed elective clinical placement including destination, health care facilities, anticipated learning experiences and duties, departure date and duration of stay to my healthcare provider.
* I have sought advice regarding potential infectious diseases and risks associated with travel and my learning/work experiences during the elective placement overseas

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

**Health Care Provider Declaration:**

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

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

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

Address or Stamp:

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where to return the form: Please upload the signed form to In Place by Oct 1