

**SCHOOL OF PUBLIC HEALTH AND HEALTH PROFESSIONS
UNIVERSITY AT BUFFALO
ATTESTATION STATEMENT
STUDENT INTERNATIONAL TRAVEL**

By signature below, I (print name) _____ indicate that I have reviewed and complied with the policies, procedures and guidelines as set forth by the University at Buffalo, School of Public Health Professions as pertain to international travel (excepting Canada) and, further, that I have completed and provided copies of the referenced forms; inquired of the websites referenced in the SPHHP policy about the potential risks to personal safety in travel to/from and at my intended destination; that I have received information from reliable sources, including the Centers for Disease Control and Prevention (CDC) and the Student Health Center, University at Buffalo, regarding the risks of exposure to infectious and communicable disease(s) in travel to that area; and have either received recommended immunizations and/or prescriptions for prophylactic drug treatment or knowingly and willingly declined to be so treated.

Place X to indicate completion:

1. ___ Reviewed UB, SPHHP Guidelines for International Experiences
2. ___ Reviewed the Policy and Procedure on International Educational, Research and Service Experiences, SPHHP.
3. ___ Registered for credit in my Department, SPHHP, or in another Department acceptable to my program (if not, explain on the reverse)
4. ___ Developed a written agreement with my supervising faculty member regarding who will bear responsibility for costs incurred in travel (e.g. air fare, housing expenses, meals, incidental expenses etc.) or for additional costs incurred if travel arrangements must be changed.
5. ___ Identified a supervising faculty member at UB for this experience (specify the name, title and department) and a supervising faculty member or responsible official at my destination (specify name, title/position, institution) if applicable.

UB faculty member: _____

Host faculty member: _____

6. ___ Registered with the Office of the Dean, SPHHP, 417 Kimball Tower, South Campus
7. ___ Visited the website of the U. S. State Department for information regarding health and safety risks or travel advisories in the area of destination.
8. ___ Completed the Health Information Forms and returned the completed forms to the Student Health Office.
8. ___ Received information from the Student Health Office, University at Buffalo and the CDC regarding potential infectious and communicable disease risks in the area of intended travel
9. ___ Received recommended immunizations and prescriptions for prophylactic drug treatment (if any). Specify what immunization and prescription(s):
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OR, IF REFUSED, CHECK THE FOLLOWING:

___ I knowingly and willingly decline to receive immunization and/or prophylaxis for the potential risks of infection as specified below and accept full responsibility for any consequences of my decision. Specify: _____

10. ___ Acquired or made arrangements for the medical insurance and medical evacuation/repatriation insurance required by SUNY.

11. ___ I have read and understand the Guidelines for International Health Experiences as provided by the SPHHP.

12. ___ I have carefully read and signed the required Agreement and Release, University at Buffalo, International Experiences and submitted it to the Dean's Office, SPHHP, 417 Kimball Tower, South Campus.

13. ___ I have completed the Student Health Information Form and had it reviewed by my personal physician or the physician in the Student Health Service, University at Buffalo

14. ___ I have had a medical evaluation (Physician's Statement) completed either by my personal physician or the physician in the Student Health Service and have been informed that I have no medical contraindication to travel.

Student's signature

Date

e-mail address: _____

**Please give the signed original of this form to:
Office of the Dean
School of Public Health and Health Professions
Veronica Meyers
Room 417 Kimball Tower, South Campus**