

Pre-Departure Agreement

(Initial when completed and submit during predeparture meeting)

_____ I have consulted the Stony Brook Travel Clinic or appropriate resource such as the County Health Department Travel Clinic for advice and recommendations.

_____ I have accessed the Center for Disease Control website for information about travel recommendations and immunizations.

<https://wwwnc.cdc.gov/travel/page/yellowbook-home/>

_____ I have received the appropriate immunization for the travel I have planned.

_____ I have accessed the State Department International Travel Website

<https://travel.state.gov/content/travel/en/international-travel.html>

_____ I have a valid passport and/or visa (if necessary), or am in the process of acquiring one.

_____ I have obtained health/travel insurance through GME office or international SOS

_____ I have completed all required predeparture required readings, online modules and submitted all learning certificates.

SIGNATURE _____

DATE _____

WITNESS _____