

Attestation Statement

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, Community for Global Health Equity 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 CGHE 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.

Sign initials to indicate completion:

1. Reviewed UB, CGHE International Travel Procedures	
2. If applicable, registered for credit in my Department, or in another Department acceptable to my program	
3. Identified a supervising faculty member at UB for this experience (specify the name, title and department) and a responsible official at my destination (specify name, title/position, institution) if applicable. UB faculty member: Host faculty member:	
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. Registered with the CGHE using the International Experience for Education, Research or Service Registration Form.	
6. Visited the website of the U. S. State Department for information regarding health and safety risks or travel advisories in the area of destination.	
7. Completed the Student Health Information Forms and returned the completed form to the Student Health Office and the Community for Global Health Equity.	
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.	

9a. Received recommended immunizations and prescriptions for prophylactic drug treatment (if any). Specify what immunization and prescription(s):	
9b. Or, if refused: 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 CGHE.	
12. I have carefully read and signed the required Agreement and Release, University at Buffalo, International Experiences and submitted it to the CGHE Office, 220 Hayes Hall, South Campus	

Student's signature	Date
e-mail address:	

Please submit the signed original to:
Community for Global Health Equity
c/o Jessica Scates
Room 218 Hayes Hall
University at Buffalo, South Campus