



INTERNATIONAL EXPERIENCE REQUIREMENT HEALTH FORM

I confirm that I have visited a Doctor and have received all required immunisations for the purpose of my trip to complete my International Experience Requirement. I also confirm that I have purchased all required medication recommended for my destination.

I confirm that I have informed the BGIInS International Experience Manager prior to the start of my trip of any relevant existing medical conditions or injury for the purpose of advising emergency personnel in the event of a medical emergency.

Name (Printed) _____

Signed _____

Dated _____

The personal information requested on this form is collected in accordance with Section 38(2) and 42(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F. 31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant directs otherwise. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.