

Travel Requirement

INSTRUCTIONS

1. Visit the Public Health Agency of Canada at www.phac-aspc.gc.ca or your local travel clinic for information on recommended immunizations.
2. Complete a separate form for *each* individual participating on a short-term team.
3. Complete BOTH sections of the form.
4. Return completed form to the team leader/administrator.

IMMUNIZATION WAIVER

I have consulted a doctor/travel health clinic concerning required and recommended immunizations appropriate to the location(s) where I will be traveling, and I:

- have* received the recommended immunizations, *OR*
- have not* participated fully in the immunization program as outlined by the Public Health Agency of Canada, for personal reasons. I release Absolute from any lawsuit or liability claim that may come as a result of not being immunized. I understand that:
- some countries will not allow visitors entry without certain immunizations
 - if I cannot or do not receive required immunizations, I may not be accepted on the short-term team

Team member printed name

Team member signature

Date

- AND -

CONSENT FOR MEDICAL TREATMENT

I give my consent should I require emergency medical treatment in the project country or during travel to/from my destination. I have disclosed any prior serious medical conditions to my team leader. I understand that I am responsible for any medical expenses and must submit a claim form to the provider for reimbursement.

Team member printed name

Team member signature

Date