



SUPPLEMENTAL FOREIGN TRAVEL FORM

Please complete and return a hard copy of this form to the Master of Public Health's Public Health Practice Coordinator at least two weeks prior to departure.

Name University ID Number

Capstone/Internship Site Dates of Travel

NYU Master of Public Health Capstone/Internship

I understand that if I engage in or perform any clinical work while participating in the NYU MPH Capstone/Internship such clinical work will be done strictly on a voluntary basis and that my participation in clinical work may not be covered under New York University's malpractice insurance. I further have been informed that I must obtain my own medical, or other, malpractice insurance to cover any clinical work I choose to do while participating in the Capstone/Internship.

I have reviewed my personal health insurance policy to make sure that my plan offers coverage during foreign travel. If it does not, I will purchase supplemental health insurance.

I have read the U.S. Department of State's Public Announcements and Travel Warnings and Background Notes on the country in which the Capstone/Internship is located (<http://travel.state.gov/travel/warnings.html>) and have considered the risks involved in such travel. If the country to which I am traveling is on the U.S. Department of State's Travel Warning or Public Announcements Lists, I will request a letter from my client organization that addresses issues of safety and security at the site and in the vicinity, including an overview of the client organization's evacuation plan.

I have read the Center for Disease Control and Prevention website (www.cdc.gov) to familiarize myself with the immunizations and other precautions necessary for travel in this area.

I agree to abide by the Capstone/Internship organization's security regulations and suggestions at the Capstone site.

Name Date of Birth

Address

Signature Date

CC: MPH Student File

