



UNIVERSITY OF ILLINOIS  
COLLEGE OF MEDICINE AT PEORIA

Office of Academic Affairs  
One Illini Drive  
Box 1649  
Peoria, Illinois 61656-1649

**STUDENTS PLEASE NOTE:**

This form should be mailed to the sponsoring institution to complete and return **OR** attach a copy of the acceptance letter from the institution. An evaluation form should be taken with you for completion by the preceptor and returned to the Office of Academic Affairs.

I authorize release of my transcript to external educational schools where I am applying for a fourth-year rotation.

**CONTACT INFORMATION WHILE AWAY:**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell/Pager/E-mail: \_\_\_\_\_

\_\_\_\_\_  
signature

**APPROVAL FOR AN INTERNATIONAL ELECTIVE EXPERIENCE**

Name of Medical Student \_\_\_\_\_

Title of Elective \_\_\_\_\_

Sponsoring Institution \_\_\_\_\_

Name of Preceptor \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Inclusive Dates \_\_\_\_\_

Is this to fulfill a required elective? No \_\_\_\_\_ Yes \_\_\_\_\_ (UICOM-P Course # \_\_\_\_\_)

**NOTE: A DESCRIPTION OF THE ELECTIVE IS REQUIRED FOR ROTATION TO BE APPROVED.**

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1. Approval of *sponsoring institution or preceptor* (A **OR** B **MUST** be completed)

A. Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
(Print)  
Institution \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Address \_\_\_\_\_

**OR**

B. Letter of acceptance and course description are attached.

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2. Approval of *Department Chair*, UICOM-P (to be signed **ONLY** if a description of the away elective is provided)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

3. Approval of *Director of Student Health Service*, UICOM-P

- Africa  Haiti  India  Latin America  US Site  Other

The above student has had all immunizations, serum immune titers, or other diagnostic tests which are required by UICOM-P and the external institution offering the clerkship. **Students must attach current external institution requirements for verification.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

4. Approval of *Associate Dean for Academic Affairs*, UICOM-P

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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Please return completed form to: Sandy McGee, Office of Academic Affairs

Chicago

Peoria  
Phone (309) 671-8409 • Email skm@uic.edu • Fax (309) 680-8605



Rockford

Urbana-Champaign

## APPROVAL FOR INTERNATIONAL ELECTIVE EXPERIENCE

Name of Medical Student \_\_\_\_\_

Title of Elective \_\_\_\_\_

Sponsoring Institution \_\_\_\_\_

Name of Preceptor \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

Inclusive Dates \_\_\_\_\_

Is this to fulfill a required elective?    No \_\_\_\_\_    Yes \_\_\_\_\_    (UICOM-P Course # \_\_\_\_\_)

**NOTE: A DESCRIPTION OF THE ELECTIVE IS REQUIRED FOR ROTATION TO BE APPROVED.**

**SEE YOUR DOCTOR AT LEAST 4-6 WEEKS BEFORE YOUR TRIP TO ALLOW TIME FOR SHOTS TO TAKE EFFECT.**

(Always check for NEW requirements due to outbreaks)

**REQUIRED: Contact information must be available (address, phone, cell, e-mail)!**

*Web-based pre-requisite form must be completed and presented to Dr. Scheibel.*

*UICOM-P Approval by L. William Scheibel, M.D., Sc.D., FACP, Rm B-327, Cancer Biology/Pharm: \_\_\_\_\_*

*e-mail: [scheibel@uic.edu](mailto:scheibel@uic.edu)    telephone: 671-3412    fax: 671-8403*

### **AFRICA**

#### **Central & West**

*Hepatitis A or immune globulin*

***Hepatitis B***

*Meningococcal*

*Yellow fever*

*Rabies*

*Typhoid*

As needed, booster doses for

*Tetanus-diphtheria, measles, and*

*one-time dose of polio vaccine*

#### **East**

*Hepatitis A or immune globulin*

*Hepatitis B*

*Rabies*

*Typhoid*

***Yellow fever***

As needed, booster doses for

*Tetanus-diphtheria, measles, and*

*one-time dose of polio vaccine*

#### **Southern & North**

*Hepatitis A or immune globulin*

*Hepatitis B*

*Rabies*

*Typhoid*

As needed, booster doses for

*Tetanus-diphtheria, measles, and*

*one-time dose of polio vaccine*

### **INDIAN**

Subcontinent

***Hepatitis A or immune globulin***

***Hepatitis B***

*Japanese encephalitis*

*Rabies*

*Typhoid*

As needed, booster doses for

*Tetanus-diphtheria, measles, and*

*one-time dose of polio vaccine*

### **Health Hotline Numbers**

Toll-free telephone number 877-FYI-TRIP

Toll-free fax number 888-232-3299

(information by fax is also available on the web)

### **ASIA**

#### **East & Southeast**

*Hepatitis A or immune globulin, except to Japan*

***Hepatitis B***

*Japanese encephalitis*

*Rabies*

*Typhoid*

As needed, booster doses for

*Tetanus-diphtheria, measles, and*

*one-time dose of polio vaccine*

### **CARIBBEAN**

*Hepatitis A or immune globulin*

*Hepatitis B*

*Rabies*

*Typhoid*

***Yellow fever***

As needed, booster doses for

*Tetanus-diphtheria and measles*

### **LATIN AMERICA**

#### **Central & South**

*Hepatitis A or immune globulin*

*Hepatitis B*

*Rabies (human diploid cell vaccine)*

(for those working in rural areas)

*Typhoid*

*Yellow fever*

*Review status with regard to tetanus/diphtheria,*

*Measles, mumps, rubella*

Consider one-time dose for oral poliomyelitis

vaccine or enhanced potency in activated polio

vaccine if more than 5 years since primary series

### **Traveler Checklist**

*Carefully follow the information for your destination*

*Begin the vaccinations process early*

*Find a travel clinic for immunizations*

*Plan ahead if you are traveling with children or have any special needs*

*Learn about safe food & water, insect protection, & other precautions*

*Prepare for medical emergencies & for nonmedical emergencies, such as*

*crime and natural disasters*