



UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE AT PEORIA

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

STUDENTS PLEASE NOTE:

1. This form should be emailed to the sponsoring institution to complete Section 1 and return, **OR** you may attach a copy of the acceptance letter from the sponsoring institution in lieu of the sponsor's signature.
2. An evaluation form should be taken with you for completion by the preceptor and returned to the registrar at the Office of Academic Affairs. If a blank evaluation has not been given to you, please request one from the registrar.

International Elective Approval Form

Student name: _____

Student contact information while away: _____

Title of elective: _____

Sponsoring institution: _____

Name of preceptor: _____ Phone: _____

Rotation dates: _____

Is this to fulfill a required elective? Yes _____ No _____ (UICOMP course #: _____)

Note: A description of the elective is required for the rotation to be approved.

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

Student signature: _____ Date: _____

Section 1: Approval of sponsoring institution or preceptor (A or B must be completed):

A. Signature of institution preceptor: _____ Date: _____

Printed name: _____ Title: _____

Address: _____

OR

B. Attach a copy of acceptance letter (email is acceptable) and course description in lieu of signatures.

Section 2: Approval of Department Chair at UICOM-P (to be signed ONLY if a description of the elective is provided).

Signature: _____ Title: _____ Date: _____

Section 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 institutional requirements for verification.

Signature: _____ Title: _____ Date: _____

Section 4: Approval of Associate Dean for Academic Affairs, UICOM-P (to be obtained by the registrar after all other signatures are obtained)

Signature: _____ Title: *Associate Dean for Academic Affairs* Date: _____



Chicago

Peoria

Rockford

Urbana-Champaign

Phone (309) 671-8412 • Email_loniw@uic.edu • Fax (309) 680-8605

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)!

Two good sources of information are <http://travel.state.gov/> and <http://wwwnc.cdc.gov/travel/>.

AFRICA

Central & West

Hepatitis A or immune globulin, except to Japan

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 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

UIC

Chicago

Peoria

Rockford

Urbana-Champaign

Phone (309) 671-8412 • Email_loniw@uic.edu • Fax (309) 680-8605