## University of Arizona College of Medicine Tucson, AZ

## **International Rotation Waiver**

l,	, am a year me	dical student ir	n the University of Arizona College
Name of student			,
of Medicine, Tucson, Ariz	ona. I have requested	d authorizatior	to complete a rotation in
	to begin		_ through
City, Country		Start Date	_ through End Date
The rotation site is:			
	Name o	of Rotation Site	
An Affiliation Agreement	is in place between th	nis site and the	University of Arizona College of
Medicine.			
The Office of Global and I	3order Health has pro	ovided me infor	mation about the risks in this area
via the State Department	's Travel Warning and	l Alerts:	
https://travel.state.gov/c	ontent/travel/en/trav	veladvisories/t	raveladvisories.html/. In addition,
I am aware of the necessa	ary vaccinations requi	ired for my trav	vel. I was also provided with
information on enrolling	in the Smart Traveler	Enrollment Pro	ogram (STEP):
https://step.state.gov/ste	<u>'p/</u> .		
I release and hold harmle	ss the University of A	rizona, the Off	ice of Global and Border Health,
and their respective emp	loyees and agents fro	m any loss or i	njury I sustain, including death,
arising from travel to, and	d participation in a rot	tation in	
Name of Medical Student	; 		Date
Signature:			