Please complete the questionnaire and send it by email to your Risk Management Nurse Advisor at ehss4@uOttawa.ca. Allow two to three business days for the nurse to review the information.

International Placement Information

Departure date (yy/mm/dd):_______________  Return date (yy/mm/dd):_______________

Accommodation: ☐Relative/Friends ☐ Hostel ☐ Camping ☐ Residence ☐ Other:_______________

Placement Environment (Select all that apply): ☐ Clinic ☐ Hospital ☐ Rural ☐ Other:_______________

Itinerary
Please list, in order, all the countries, cities, and regions in which your international placement will take place, and the number of days you will be spending in each area.

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Cities or Regions</th>
<th>Number of days</th>
</tr>
</thead>
</table>

1. 

Describe your role in the international placement (i.e. working with people, using needles, etc.):