Clinical Rotation Abroad Questionnaire:

*It is extremely important to answer the following questions accurately. Do not return this form and schedule your appointment until you are sure of the following information!*

1. Will you be providing hands-on patient care that poses a risk for blood/body fluid exposure (i.e. drawing blood, giving immunizations, surgery/ minor procedures, labor/ delivery, working with sharps/ needles)?  
   YES  NO
   
   If “no”, you do not need to complete this form or schedule an individual travel appointment. You can schedule a group travel appointment. Please refrain from any hands-on patient care which poses a risk of blood/body fluid exposure on your trip even if given the opportunity.
   
   If “yes”, what type of care will you provide?
   

2. Does your program/site offer rapid testing for blood and body fluid exposures? This should include Hepatitis B antibody testing, Hepatitis C antibody testing, and rapid HIV antibody testing (results available in <24 hours)?  
   YES  NO

3. Does your program/site offer 24 hour/ day access to HIV medications used for post-exposure prophylaxis?  
   YES  NO

4. You must complete and return the standard “Travel Questionnaire” in addition to this form. Have you done this?  
   YES  NO

5. You must review “PEP steps” prior to your appointment. Click here to read online or print. Have you done this? YES  NO

I verify that the above information is accurate and complete.

_______________________________________  ______________________
Name      Signature        Date