



Transportation -Select all that apply

- Airplane
- Bus
- Private Car
- Ship/Cruise
- Taxi

To be completed by School Personnel:

School Name: _____

School Address: _____

School Contact Name: _____

School Contact Telephone: _____

To be completed by the Department of Health:

Travel to designated geographic area of interest - Yes or No

If yes, country name:

Letter of Clearance

Issue Date:

Issued By: