



ATHLONE INSTITUTE OF TECHNOLOGY

FOREIGN TRAVEL DECLARATION FORM (To be completed in all cases of travel outside the E.U.)

Proposed trip to: _____

Date of Trip: **From** _____ **To:** _____

I, the undersigned, have sought appropriate medical advice in relation to medical precautions/requirements necessary for the above referenced trip which I am about to undertake, and have complied with all such advice.

Signed:

Date:
