

As soon as you have your flights schedule of arrival & departure please copy the following & Email us

To the: **Electives Program Sackler Faculty of Medicine, Tel-Aviv University, 6997821 Tel-Aviv, Israel** elective@tauex.tau.ac.il

This is My confirmation before starting the following elective: in BLOCK letter

Family name _____ first Name _____

Email _____

I hereby confirm that I have received an ACCEPTANCE LETTER for my TAU Elective

ID No. _____ At the: DEPARTMENT: _____

HOSPITAL/CLINIC: _____

For the period: from _____ to _____

ARRIVAL: date _____ time _____ Airline _____ flight No. _____

DEPARTURE: date _____ time _____ Airline _____ flight No. _____

PHONE IN ISRAEL (IF AVAILABLE): _____

I hereby acknowledge that I have read, understood and accepted all regulations and policies pertaining to the TAU Electives Program as detailed in the TAU electives' website. **I WILL FOLLOW insurances and immunizations requirements** as detailed in the TAU electives' website and carry the appropriate insurances & immunizations' documents while participating in this program. **I hereby acknowledge that:** I am - to the best of my & my School's knowledge - of healthy body and mind, & do not require any medical treatment/attention. I am responsible for meeting my own health & accident care costs, including hospitalization. I know that this Program does not provide medical care or insurance coverage to the participants. Thus, during my Elective, I will carry the following: Medical Care & Accident insurance coverage valid in Israel. Valid immunization documents (as required). I and my School authorities are fully acquainted with & aware of this Program's conditions as detailed in this website; and will act accordingly with regards to: Medical Care; Insurances; Immunization, etc. I Know that neither the Tel Aviv University ELECTIVES PROGRAM, nor any other person is responsible in any way for my health and safety, and that the TEL AVIV UNIVERSITY ELECTIVES PROGRAM does not provide insurance of any kind.

I am aware that I must begin my elective on the first day specified, or no later than 6 days after that date, and that I cannot extend my elective period past the confirmed end date without getting first a permit from the TAU Elective office.

Date _____ Signature _____