

TDI-Brooks International Employee Statement of Understanding and Compliance of the Malaria Control Program

I understand that my employer is committed to a safe, healthy, and productive workplace for all employees. My employer takes very seriously the threat of illness or death presented by malaria and has implemented a malaria control program. I also understand that this program applies to me because I am working at the sites in locations where I could possibly be exposed to contracting malaria. I have been provided with information about the malaria control program as it applies where I am going and if I have any questions about this program I understand that I should seek guidance from a qualified medical professional.

Print Name _____

Signature _____ **Date** _____