



Immunizations

Please write the date of the last immunization for each of the following:

Hepatitis A (last 2) _____
Hepatitis B (last 3) _____
Typhoid _____
Tetanus/Diphtheria _____
Measles/Mumps/Rubella _____
Polio _____

Because the outreaches take place in countries where you are at risk of contracting these diseases, we strongly recommend these vaccinations be up to date. When you go in for your shots, ask your doctor to record them in a traveler's immunization record. Please send us a copy, and bring the original with you. **If you refuse vaccinations for personal reasons, both you and your physician must sign below indicating that you have been informed of the risks involved.**

Applicant's signature: _____ Physician's signature: _____

To the Physician:

Please review the information the applicant has given in the above sections.

In your professional opinion, is the applicant physically and emotionally able to undertake 6 months of extended cross-cultural travel in developing nations?

Yes Yes with limitations No

If you marked 'Yes with limitations' or 'No' please elaborate: _____

Please use the space below to include any other information you think we should know:

Physician's name and address or practice stamp:

Physician's signature (required): _____

