Samaritan's Purse®
INTERNATIONAL RELIEF

TRAVEL HEALTH
Vaccination Attestation

HIGHLY RECOMMENDED VACCINATIONS: These vaccinations are strongly encouraged to help safeguard you and those you serve. If you are not current on all highly recommended vaccinations, your international travel on behalf of the Ministry will be evaluated per location on a case-by-case basis to help protect you and those you serve from elevated risks of disease exposure.

Please ***check the box*** next to each vaccination you have received and maintain in current status. The definition of "current status" for each vaccine is listed next to the vaccine name.

VACCINATION/PROPHYLAXIS	CURRENT STATUS
☐ Hepatitis A	Completion of 2-4 dose series
☐ Hepatitis B	Completion of 2-4 dose series – **AND/OR** – Laboratory titer confirming immunity
☐ Polio	Completion of 3-4 dose primary series – **AND** – 1 adult booster dose
☐ Measles/Mumps/Rubella (MMR)	Completion of 1-2 doses – **AND/OR** – Laboratory titer confirming immunity
☐ Tetanus/Diphtheria and Pertussis (Tdap)	Completion of 3-5 dose primary series – **AND** – Tdap or Td booster every 10 years
☐ Yellow Fever	Completion of 1 lifetime dose
☐ Typhoid	Completion of oral series every 5 years – **OR** – Injection: 1 dose every 2 years
☐ Meningococcal (MenACWY)	Completion of 1 or 2 dose primary series – **AND** – booster every 5 years
☐ Rabies	Completion of 2 dose primary series – **AND** – either a 1-time titer-check 1-3 years after initial series – **OR** – a 1-time booster dose 3 weeks-3 years after the primary series
☐ Malaria Prophylaxis (Preventive Medication)	Please check (attest yes) if you agree that you can/will take malaria prevention medication if going to a location where malaria is a risk

ADVISABLE VACCINATIONS: Suggested for international travelers based on destination and personal health considerations. Please ***check the box*** next to each vaccination you have received and maintain in current status.

VACCINATION/PROPHYLAXIS	CURRENT STATUS
☐ Influenza	As prescribed by medical provider annually
☐ COVID-19	As prescribed by medical provider
☐ Japanese Encephalitis	Completion of 1-2 dose primary series – **AND** – booster doses as prescribed by medical provider if traveling to at-risk locations

I represent my selections above are correct and agree to update my vaccination attestation as necessary. I understand that I will need to complete this vaccination attestation on an annual basis in order to be eligible to travel internationally on behalf of the Ministry.

_____ _____

Signature **Date**

_____

Name