

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
<input type="checkbox"/> Hepatitis A	Completion of 2 dose series – OR – Completion of Twinrix (Hep A and Hep B) combo vaccine
<input type="checkbox"/> Hepatitis B	Completion of 3 dose series – OR – Completion of Twinrix (Hep A and Hep B) combo vaccine
<input type="checkbox"/> Polio	Completion of primary series of 4 total doses during childhood – OR – If previously unvaccinated, completion of 3 doses during adulthood
<input type="checkbox"/> Measles/Mumps/Rubella (MMR)	Completion of 2 doses – AND/OR – Laboratory confirmation of immunity
<input type="checkbox"/> Tetanus/Diphtheria and Pertussis (Tdap)	Initial 3 dose series from childhood – PLUS – Tdap or Td booster every 10 years
<input type="checkbox"/> Yellow Fever	Completion of 1 dose
<input type="checkbox"/> Typhoid	Completion of oral series every 5 years – OR – Injection: 1 dose every 2 years
<input type="checkbox"/> Meningitis (MenACWY)	Completion of 1 or 2 dose series – PLUS – booster every 5 years
<input type="checkbox"/> Rabies	Completion of 2 dose series – PLUS – booster every 3 years
<input type="checkbox"/> Malaria (prophylaxis)	Prevention medication: To be taken per trip, as prescribed by medical provider

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
<input type="checkbox"/> Influenza	As prescribed by medical provider annually
<input type="checkbox"/> COVID-19	As prescribed by medical provider
<input type="checkbox"/> Japanese Encephalitis	Completion of 2 dose series – PLUS – booster every 1 year for ongoing or re-exposure

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