

ESSENTIAL VACCINATIONS: Essential vaccinations are highly recommended. If you are not current on all essential vaccinations, you will not be able to travel internationally on behalf of the Ministry. Exceptions are at the discretion of the Vice President of your department. 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 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: Advisable vaccinations are recommended. Status of advisable vaccinations will not impact your ability to travel internationally on behalf of the Ministry. 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



TRAVEL HEALTH Vaccination Attestation



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