

# ACKNOWLEDGEMENT OF TRAVEL IMMUNIZATIONS INFORMATION

I understand that the following immunizations/medications have been recommended by the U.S. Center for Disease Control, the DuPage County Health Department, and subsequently, by the Missions Department of College Church in Wheaton for my travel and participation as a STAMP/World Impact/Justice & Compassion team member. I understand that they are intended to reduce, but not necessarily to eliminate, the risks of my contracting disease while visiting my host country/ministry site.

**Recommended:** Check all vaccinations that are recommended by College Church representative.

**Declined:** Check all recommended vaccinations that you are choosing to decline.

	Recommended	Declined
Hepatitis A		
Hepatitis B		
Malaria		
MMR		
Polio booster		
Tetanus (Tdap, DPT)		
Typhoid fever		
Yellow fever		
Varicella (chicken pox)		
Other _____		

## CHECK ONLY ONE:

I hereby acknowledge that I am current on all routine and recommended travel vaccines.

I hereby acknowledge that I have been informed of the recommended vaccinations for my trip and understand that no additional travel immunizations are required. I also acknowledge that I am current on my U.S.-recommended routine immunizations.

I hereby acknowledge that I have been informed of the recommended vaccinations and will proceed to acquire said travel and U.S. recommended immunizations as directed.

I hereby acknowledge receipt of information about recommended vaccinations, and after considering the risks and/or health benefits of said immunizations for myself and the public, I hereby decline to be vaccinated or to take recommended medications or screenings indicated above. I fully understand that failure to be immunized may result in disease and/or detention by international public officials until such time that I am authorized to continue my travels. I accept full responsibility for the consequences of this declination of recommended vaccinations and/or medications and screenings and hereby hold College Church in Wheaton harmless from any responsibility due to this declination.

Please sign and print your name IN THE PRESENCE of a notary public. This form must be notarized.

Participant name \_\_\_\_\_ Parent/guardian name, if participant is under 18 (please print) \_\_\_\_\_

Participant signature \_\_\_\_\_ Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_

### Notary Certificate of Acknowledgement

State of ILLINOIS

County of DU PAGE

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
 (date) (name/s of person/s)

Signature of Notary Public \_\_\_\_\_