



**Vaccination Information**

**Why do I need to get vaccinations?**

We want you to stay healthy during your mission outreach. One of the best ways to do this is to prevent diseases before they start. The risk of illness is low but you may reduce this risk further by being inoculated. All of the diseases are more uncomfortable than the shot and some may even be fatal.

**How do I know what vaccinations to get?**

The information that is compiled is provided by the Centers for Disease Control and Prevention (CDC), which is dedicated to protecting health and promoting quality of life through the prevention and control of disease, injury, and disability for the past 60+ years. They recommend certain vaccinations for all foreign travelers. We also remain in contact on the field with our partners to gather information where you will be ministering.

**Where do I go to get these vaccinations?**

The required vaccinations are **not** covered under the cost of your mission outreach. You will need to contact your local county health department or your health care provider to schedule these vaccinations. To have the most benefit, see a health-care provider at least 4 - 6 weeks before your trip to allow time for your vaccines to take effect and to start taking medicine to prevent malaria, if you need it. Some vaccines are multi-shot series.

Listed below are the required and recommended vaccinations based on the standard recommendations from the CDC for travelers to foreign countries and the additional immunizations that pertain to each location represented. Please note that the level of risk for vaccine-preventable diseases can change at any time. For more information go to [cdc.gov](http://cdc.gov) and search under travelers health. Please fill in the box located on the next page.

<p><b><u>Suriname</u></b></p> <p>Required:</p> <ul style="list-style-type: none"> <li>○ Tetanus – Diphtheria (last 10 years)</li> <li>○ Hepatitis A</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>○ Typhoid</li> <li>○ Measles (MMR)</li> <li>○ Hepatitis B</li> <li>○ Malaria</li> <li>○ Yellow Fever</li> </ul>	<p><b><u>India</u></b></p> <p>Required:</p> <ul style="list-style-type: none"> <li>○ Tetanus – Diphtheria (last 10 years)</li> <li>○ Hepatitis A</li> <li>○ Malaria</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>○ Japanese encephalitis</li> <li>○ Typhoid (highly recommended)</li> <li>○ Measles, Mumps, Rubella (MMR)</li> <li>○ Hepatitis B</li> <li>○ Polio &amp; Varicella (Chicken Pox)</li> </ul>
<p><b><u>Jordan or Egypt</u></b></p> <p>Required:</p> <ul style="list-style-type: none"> <li>○ Tetanus – Diphtheria (last 10 years)</li> <li>○ Hepatitis A</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>○ Typhoid</li> <li>○ Measles (MMR)</li> <li>○ Hepatitis B</li> <li>○ Polio</li> </ul>	<p><b><u>Guatemala or Dominican Republic</u></b></p> <p>Required:</p> <ul style="list-style-type: none"> <li>○ Tetanus – Diphtheria (last 10 years)</li> <li>○ Hepatitis A</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>○ Typhoid</li> <li>○ Measles (MMR)</li> <li>○ Hepatitis B</li> <li>○ Polio &amp; Varicella (Chicken Pox)</li> </ul>
<p><b><u>Boston and Springfield</u></b></p> <p>Recommended:</p> <ul style="list-style-type: none"> <li>○ Tetanus – Diphtheria (last 10 years)</li> </ul>	<p><b><u>Ukraine</u></b></p> <p>Required:</p> <ul style="list-style-type: none"> <li>○ Tetanus – Diphtheria (last 10 years)</li> <li>○ Hepatitis A</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>○ Measles (MMR)</li> <li>○ Hepatitis B</li> <li>○ Polio</li> </ul>

I have read this document in its entirety. I am fully aware of the diseases and risks associated with my traveling abroad on a mission outreach with Extend Global. I understand that Extend Global staff are not health care professionals and do not represent themselves as such. It is my judgment that the below listed inoculations are what I choose to obtain for this mission. I release Extend Global and its representatives from all liability for such decisions or actions as may be taken in connection therewith.

<b>Printed Name      Signature (Legal Guardian/Parent signature if under 18)      Date</b>		
<b>Vaccination</b>	<b>Date Received</b>	<b>Admin. By</b>
Tetanus-Diphtheria		
Hepatitis A		
Hepatitis B		
Typhoid		
Japanese encephalitis		
Polio		
Measles (MMR)		
Malaria		