



Immunization Checklist

Date: ____/____/____
Month Day Year

Volunteer Name: _____ Birthday: _____ Age: _____

Physician's Name: _____ Phone #: _____

Peace and Hope Frontier Mission requires that each volunteer provide documentation that the following immunizations have been administered. Please have your physician initial next to each immunization. Also, please provide a copy of your immunization card to your team leader.

- _____ TYPHOID
- _____ TETANUS/DIPHTHERIA
- _____ HEPATITUS A
- _____ TB-MANTOUX (a skin test), PER PHYSICIAN'S DIRECTION, UPON RETURN
- _____ MALARIA PRESCRIPTION
- _____ ANTIBIOTICS FOR DIARRHEA (TO BE USED DURING TRAVEL, IF NECESSARY)

Please submit this form at least four weeks prior to departing for Nicaragua.

Email to: **peterc@peaceandhope.org & rogerd@peaceandhope.org**

[PEACE AND HOPE FRONTIER MISSION, INC.](http://PEACEANDHOPEFRONTIERMISSION.INC)
Committed to Growth, Development and Hope in Developing Countries
13 Thoreau Circle, Beverly, MA 01915
www.peaceandhope.org