

New York Annual Conference Volunteers In Mission

Medical Information: Physician's Form

I, _____, plan to participate in a United Methodist Volunteers In Mission project in (location) _____.

I will be doing manual labor outdoors in a climate that is: ___ hot and humid ___ cold and damp other _____ . Health care facilities may be inadequate or nonexistent.

The United Methodist Fellowship of Health Care Volunteers suggests the following immunizations and prophylactic medications:

RECOMMENDED IMMUNIZATIONS, ROUTINE

Vaccine	Schedule
Diphtheria/Tetanus (DT)1	Every 10 years
Pertussis	Infancy only
Polio	Single Booster, OPV
MMR	1 month before travel if non-immune

RECOMMENDED IMMUNIZATIONS FOR TRAVEL, PARTICULARLY BY HEALTH CARE TEAMS, TO COUNTRIES WHERE EXPOSURE RISK IS INCREASED OR DISEASE IS ENDEMIC

Vaccine	Schedule
Hepatitis B	3 doses, 6, 5, 1 month before travel
Hepatitis A(2)	2wks before travel, booster @ 6-18months
Typhoid, oral (3)	1 capsule every other day X 4 doses
Typhoid, polysaccharide	1 dose IM, repeat q. 2yrs
Meningococcal polyvalent	SQ single dose
Yellow Fever (4)	SQ single dose, booster q 10 yrs

1. Always include Diphtheria with the Tetanus booster (DT)
2. The new Hepatitis A vaccine is 95% effective, no side effects
3. Oral typhoid vaccine is neutralized by mefloquine (Lariam)
4. In some countries, up-to-date vaccination for yellow fever is required (see CDC website)

The local health department or the CDC website <<http://www.cdc.gov/travel>> can provide up-to-date country specific information on immunizations for travelers.

Please sign below if you agree that my general health is adequate for this endeavor. If you are not familiar enough with my physical health, I agree to have a physical examination and laboratory tests if indicated as part of my application process.

For Use by Physician:

Signed _____ M.D. Date _____

Physical examination performed: ___ Yes ___ No

Print Name _____

Address _____

City / State / Zip: _____

Phone: _____ Fax: _____