

Immunizations & Medical Clearance

Immunization Information

The international program of the Jesuit Volunteer Corps (JVC) advises all incoming JVs to refer to the Center for Disease Control and Prevention webpage and to make an appointment with your health-care provider to determine what vaccines you may need and what other diseases you might be at risk for during your term of service. Go to www.cdc.gov and click on *Travelers' Health*, then select your host country for an overview. Your health-care provider or travel clinic doctor will determine your particular course of treatment and prevention depending on factors such as your health and immunization history, areas of the country you will be visiting, and planned activities.

Check with your health care insurer ahead of time to determine what of your costs are covered and whether you need to go to a specific hospital or have a physician's referral.

In the past, we've learned that most JVs need to obtain the following immunizations or boosters for routine vaccinations such as Diphtheria/Pertussis/Tetanus (DPT) and Measles/Mumps/Rubella (MMR,) among others. Below is a summary of what JVs typically find they at least need for each specific country. **We offer this as a guide; only a licensed health-care provider will be able to say for certain what you need specifically.**

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Chile

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Typhoid Vaccine

Micronesia

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Typhoid Vaccine

Peru

- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Typhoid Vaccine

Tanzania

- Anti-Malaria Medication (typically doxycycline)
- Hepatitis A Vaccine
- Hepatitis B Vaccine
- Typhoid Vaccine
- Yellow Fever Vaccine

Medical Clearance Form

Volunteer Information

Name _____ Date of Birth ____/____/____

Placement City & Country _____

To Be Completed by Medical Provider

Date of Exam ____/____/____ Length of Time Volunteer Has Been a Patient _____

General Information

Significant Medical History

Past Hospitalizations (include surgeries)

Yes No Diagnosis /Treatment of Alcohol Addiction?

Yes No Diagnosis /Treatment of Drug Addiction?

If YES to either question, please explain:

Family History (Significant Medical/Psychiatric):

Significant Present Medical Issues:

Allergies, Dietary Restrictions:

Tobacco/Alcohol Uses:

Yes No Immunizations up to date for travel to placement country noted above

Yes No Immunizations up to date for two year stay in placement country noted above

If NO to either question, please explain:

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General Physical Information

Weight _____ Height _____ B.P. _____ P. _____

Lab Date ____/____/____

U/A _____ CXR _____ CBC _____ Basic Chemistry Panel _____

Note: Please Check IF Abnormal

- General HEENT CV Plum GI
- GU MSK Nero Skin

Please explain any abnormalities:

Do you have any concerns with this patient participating in the Jesuit Volunteer Corps International Program?



Physician Information

Name _____ Phone Number (_____) _____ - _____

Address _____

City _____ State _____ Zip _____

Email Address _____