

## VACCINATION / ANTI-MALARIAL FORM

**Youth Leader Name:** \_\_\_\_\_

**YELLOW FEVER** is virus transmitted via the bite of an infected mosquito. Because Yellow Fever *has no cure*, and because out of the 4 documented cases of Yellow Fever reported in unvaccinated travelers to Peru, all 4 have died (100%), we feel strongly that you should appropriately weigh the risks in not getting the vaccination. For a 2-week stay, the risks for illness and death due to Yellow Fever for an unvaccinated traveler visiting an endemic area (such as where we're staying near Puerto Maldonado) are 5 per 100,000 and 1 per 100,000, respectively.

\_\_\_\_\_ I choose to vaccinate against Yellow Fever, and will submit his/her International Certificate of Vaccination or Prophylaxis (ICVP) no later than May 1, 2015.

\_\_\_\_\_ I choose NOT to vaccinate against Yellow Fever, and release the Advice Project, group leaders, INOTAWA Lodge and all others involved with the 2015 Summit from responsibility should I contract the disease.

Youth Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

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**TYPHOID FEVER:** Typhoid Fever is a serious disease spread by contaminated food and water. The disease is common in most parts of the world, and travelers to Asia, Africa and Latin America are most at risk. Note that while the safety of our food and water will be a top priority (food will be cooked and served hot, fruits and vegetables will have been washed in clean water, and water will be either bottled or boiled), because of the prevalence of this disease, we recommend the vaccination.

\_\_\_\_\_ I choose to vaccinate against Typhoid Fever, and will submit proof of vaccination signed by a physician no later than May 1, 2015.

\_\_\_\_\_ I choose NOT to vaccinate against Typhoid Fever, and release the Advice Project, group leaders, INOTAWA Lodge and all others involved with the 2015 Summit from responsibility should I contract the disease.

Youth Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

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**HEPATITIS A:** The vaccine against Hepatitis A is recommended for all visitors to Peru, regardless of where you are eating/staying.

\_\_\_\_\_ I choose to vaccinate against Hepatitis A, and will submit proof of vaccination signed by a physician no later than May 1, 2015.

\_\_\_\_\_ I choose NOT to vaccinate against Hepatitis A, and release the Advice Project, group leaders, INOTAWA Lodge and all others involved with the 2015 Summit from responsibility should I contract the disease.

Youth Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MALARIA:** While risk of malaria in Peru is low, all areas lower than 6,561 feet (including Puerto Maldonado and surrounding areas) have had documented cases. We recommend you speak with your doctor about whether or not to take medicine available for Malaria chemoprophylaxis against Malaria species: *P. vivax* 85% and *P. falciparum* 15%.

\_\_\_\_\_ I choose to take \_\_\_\_\_ as a chemoprophylaxis against malaria, and will be bringing this medicine on our trip (prescribed by physician) – this is to be determined no later than May 1, 2015.

\_\_\_\_\_ I choose NOT to take medicine as a chemoprophylaxis against malaria, and release the Advice Project, group leaders, INOTAWA Lodge and all others involved with the 2015 Summit from responsibility should I contract the disease.

Youth Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MENINGITIS:** While we don't feel that there is a high risk of contracting meningitis while on our trip, there have been outbreaks in schools and camps and, because it is a serious illness that attacks the central nervous system, we believe it's important to document the following:

\_\_\_\_\_ I have had the meningococcal meningitis immunization (Menomune) within the past 10 years.  
Date received: \_\_\_\_\_

(NOTE: If I received the meningococcal vaccine available before February 2005 called Menomune, please note the vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the conjugate vaccine Menactra should be considered within 3-5 years after receiving Menomune.)

\_\_\_\_\_ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider – this will be noted on my immunization form.

\_\_\_\_\_ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

**Youth Leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_