



IMMUNIZATION CHECKLIST

This checklist lists the mandatory and recommend vaccinations for any personnel traveling to a low- to middle-income country. All mandatory immunizations and completed checklists are required no later than four weeks prior to arrival on the ship. Please message medical.review.facil@mercyships.org with any questions.

Name

Date

The following are MANDATORY for all adult crew:	
Immunization	Date Received <i>Day, month, year (e.g. 06 Feb 07)</i>
Yellow Fever: single dose during lifetime (Yellow Fever WHO Card must be presented on arrival to the ship)	
Hepatitis B: adult series of 3 <u>OR</u> Evidence of immunity by titer with lab results attached	1 st : 2 nd : 3 rd : Immunity by titer: <i>(Remember to attach lab results)</i>
MMR – Measles, Mumps, Rubella: series of 2 <u>OR</u> Immunity by titer with lab results attached <u>OR</u> Had the childhood disease plus one adult booster	
Tetanus/Diphtheria – within last 10 years (Tdap preferred)	Tdap: <u>OR</u> Td:
SARS COV-2 (COVID-19) series of 2 (Pfizer, Moderna, AstraZeneca, Sinopharm, Sinovac) <u>OR</u> series of 1 (Johnson & Johnson) <u>OR</u> evidence of previous infection and with lab results attached <u>and</u> one dose of COVID-19 vaccine	<input type="checkbox"/> 2 dose <u>OR</u> <input type="checkbox"/> 1 dose
	1 st : 2 nd :
	<i>Or, if previous infection:</i> 1 st : <i>(Remember to attach lab results)</i>

The following are MANDATORY for those working in Hospital, Dental, and Engineering departments:	
Immunization	Date Received <i>Day, month, year (e.g. 06 Feb 07)</i>
Typhoid: EITHER oral – within last 5 years <u>OR</u> injection – within last 2 years	Oral: <u>OR</u> injection:
Hepatitis A: series of 2 <u>OR</u> Immunity by titer with lab results attached	1 st : 2 nd : Immunity by titer: <i>(Remember to attach lab results)</i>

The following are recommended for all adult crew: Please discuss with your local travel clinic regarding recommendations for your destination.	
Immunization	Date Received <i>Day, month, year (e.g. 06 Feb 07)</i>
Typhoid: EITHER oral – within last 5 years <u>OR</u> injection – within last 2 years	Oral: <u>OR</u> injection:
Hepatitis A: series of 2 <u>OR</u> Immunity by titer with lab results attached	1 st : 2 nd : Immunity by titer: <i>(Remember to attach lab results)</i>

(Remember to attach test report and TB Questionnaire on following page.)

Tuberculosis Symptom Screening Questionnaire

Have you experienced any of the following symptoms in the past 12 months?			
A cough for more than 3 weeks?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Haemoptysis (coughing up blood)?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Unexplained weight loss?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Fever, chills, or night sweats for no known reason?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Persistent shortness of breath?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Unexplained fatigue?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Chest pain?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
A few other questions...			
Have you had contact with anyone with active tuberculosis disease in the last 12 months?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Have you ever had a BCG vaccination?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
When was your last PPD test (TB skin test)?			
When was your last chest x-ray?			
Have you ever received treatment for TB or latent TB?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Please provide dates of treatment and medications taken:			