

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 : <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, Covaxin, Covishield, COVOVAX, Novavax) <u>OR</u> series of 1 (Johnson & Johnson) <u>OR</u> evidence of previous infection and with lab results attached and 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: oral course (4 doses) – within last 5 years <u>OR</u> oral course (3 doses) – within last 3 years <u>OR</u> injection – within last 3 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 : <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: oral course (4 doses) – within last 5 years <u>OR</u> oral course (3 doses) – within last 3 years <u>OR</u> injection – within last 3 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 : <i>(Remember to attach lab results)</i>	

Pertussis (Whooping Cough)			
Polio Booster: within last 10 years			
Meningitis ACWY: within last 5 years			
Rabies: series of 3	1 st :	2 nd :	3 rd :

Childhood Immunization Notice:

Parents are required to ensure their children are up-to-date with their childhood vaccinations prior to arrival onboard. They should also seek advice from a travel clinic about additional vaccinations that the children may require before joining. **Please submit a copy of vaccination documentation no later than four weeks prior to arrival** (does not need to be this form). Since the schedule and timing of the childhood vaccinations varies slightly depending on your country of origin, please provide a copy of your child's vaccination schedule to the Crew Clinic upon arrival.

Prior to enrollment in the ship's Academy (including preschool, age 3), children must have been vaccinated per schedule with Tetanus/Diphtheria, Pertussis, Polio, Measles, Mumps, Rubella (MMR), and Varicella.

Note: Due to difficulty transporting certain vaccines, the Crew Clinic may not be able to provide all needed future childhood vaccinations and some will need to be obtained during ship maintenance periods in the developed world, or upon returning home.

Mandatory Tuberculosis Testing

Tuberculosis (TB) testing is mandatory for all adult crew*. It is required even if you have previously received a BCG vaccine. Select **one** of the options below – please read carefully!

**excluding those serving in the role of Medical Capacity Building Program Partner*

Mandatory TB Testing:	
TB Testing Method	Results Information
TB Skin Test (PPD): performed within 12 months prior to arrival <i>If there is a history of a prior positive skin test (which is defined as >10mm induration, not simply redness), a PPD skin test is not an option. You must submit a chest x-ray with a report and a TB Questionnaire (on following page).</i>	Date: _____ Results in millimetres (mm): _____ Negative <input type="checkbox"/> <u>OR</u> Positive <input type="checkbox"/> <i>(If positive, a chest x-ray is required along with the report and questionnaire.)</i>
<u>OR</u> Chest X-Ray: with report and TB Questionnaire <i>If you are submitting a chest x-ray because you have had a positive PPD, it must be within 5 years prior to arrival and must be obtained on a date after the positive PPD.</i>	Date: _____ <i>(Remember to attach lab results and TB Questionnaire on following page.)</i>

If you have received a BCG vaccine:	
TB Testing Method	Results Information
A TB screening blood test can be done (Interferon-Gamma Release Assay (IGRA) such as the QuantiFERON-TB Gold or T-Spot TB test) in the place of a PPD skin test. The test should be performed within 12 months prior to your arrival onboard. Please attach a copy of your blood test report. If you have received a previous BCG vaccine, these tests are preferred as they may determine your need for treatment for latent TB. While one of these tests is the preferred screening method, if you are unable to obtain one of these tests, an acceptable alternative is to obtain a chest x-ray with report (done within the last 5 years) and complete the TB Questionnaire on the following page.	
QuantiFERON-TB Gold test:	Date: _____ <i>(Remember to attach the test report.)</i>
Interferon-Gamma Release Assay (IGRA) or T-Spot	Date: _____ <i>(Remember to attach the test report.)</i>
Chest X-Ray:	Date: _____ <i>(Remember to attach test report and TB Questionnaire on following page.)</i>

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:			