

UHV
PROOF OF
VACCINATION FORM
(If necessary)

All students of _____ College participating in the _____
_____ (Name of class) in _____ (Name of
country) are required

to show proof that they have taken the necessary steps to minimize their health risks. While the class will be staying in excellent accommodations, student are reminded that travel to foreign countries involves exposure to different sanitation and health standards, as well as different pathogens than they are accustomed in the United States.

The following vaccinations and prophylactics are required for travel to _____ (name of country). Please

consult your physician for an up-to-date list of additional recommended vaccinations and prophylactics. The School *will* not permit students to travel who have not complied with these requirements:

VACCINATION/PROPHYLACTIC

DATE ADMINISTERED /PRESCRIBED

Print Participant's Name

Participant's Signature

Date

Print Physician's Name

Physician's signature

Date

Physician Phone Number: