PO BOX 1264 I Ft Mill SC 29716 I 1 (704) 495-4422

VACCINATION ACKNOWLEDGMENT:

By signing this form, I understand the vaccination requirements for the geographical area in which I will be volunteering. I have been provided with the necessary information and acknowledge the recommended minimum requirements. I also acknowledge the country specific requirements and understand that it is my responsibility to obtain any additional vaccinations required for my own protection for international travel. Futhermore, I understand that I may be exposed to blood and/or other potentially infectious materials, while volunteering.

Print Name _____ Signature _____ Date _____