

This document lists the possible vaccinations (split among highly recommended, recommended and not required) for the above-mentioned country.

Once you have made vaccinations, this document shall be delivered duly signed to the HSE and/or HR, attaching a copy of the medical records of vaccinations received by the health authority.

NAME AND SURNAME: _____

LIST OF VACCINATIONS

| Vaccinations | Highly Recommended | Recommended | Not required | Made (YES/ NO) | Vaccination Date |
|--------------|--------------------|-------------|--------------|----------------|------------------|
| Diphtheria | X | | | | |
| Tetanus | X | | | | |
| Hepatitis A | X | | | | |
| Hepatitis B | X | | | | |

I have been informed that conducting the vaccinations listed above as highly recommended, because of the risks, is required as highly recommended.

I was also informed that, with respect to any non highly recommended vaccinations, and in my particular situation, it is possible / probable that the non-vaccination can cause contraction of the diseases listed above, which can have serious consequences (acute illness, permanent damage and even death).

I believe the information that I have received are clear and complete and I have no other explanation to ask.

All this stated, I am aware that the non-operation of the vaccinations listed as highly recommended will cause the impossibility to travel into the Country under this form.

Date

Signature
