

 FORES ENGINEERING	HEALTH PREVENTION COUNTRY INFORMATION SHEET “QATAR”	MOD-HSE-040
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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
