

# IMMUNIZATIONS & INSURANCE

carpe diem education

## REPRESENTATIONS REGARDING IMMUNIZATIONS

Carpe Diem requires that each student be vaccinated for Typhoid, Hepatitis A & B, Influenza, and that they be current with MMR (Measles, Mumps, Rubella), Tetanus vaccinations, and in some cases Yellow Fever. We also require that each student consult their medical practitioner regarding malaria prophylaxis. Failure to take any of these vaccinations could severely impact the student's experience this semester, as well as potentially risk the health and well-being of other students. It is for this reason that Carpe Diem requires these vaccinations. Although taking a malaria prophylaxis is not required, it is strongly recommended. Please consult the Center for Disease Control for information on which type of Malaria is present in the region in which you are traveling.

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## MALARIA PROPHYLAXIS

During my semester I will use the following prophylaxis (circle one):

- Chloroquine
  - Malarone
  - Doxycycline
  - Natural methods (ie. Naturopathy, long sleeves, etc.)
  - Larium/Mefloquine
  - I'm doing the Australia program & it's not needed there
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## HEALTH INSURANCE

The easiest way to provide proof is to enclose a copy of the forms received from your insurance carrier certifying that your coverage will continue while you are outside of the US. If you cannot provide this, please fill out the following form. (Note: most health insurance companies require you to pay all medical bills directly to the provider and ask that you keep relevant receipts for reimbursement once you return to the States).

Your Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Duration of coverage: \_\_\_\_\_

Phone number given to you by the company: \_\_\_\_\_ **(non-toll-free is best)**

I, \_\_\_\_\_, hereby represent that I have done the research and take full responsibility for getting adequate prophylaxis against Typhoid, Hepatitis A & B, Influenza, MMR, Tetanus and Yellow Fever for the duration of my program with Carpe Diem. Furthermore, I have consulted with my physician and I will be personally responsible for my own malaria prophylaxis. I have researched and understand the potential consequences of not taking any one or more of Carpe Diem's required vaccinations as well as an appropriate malaria prophylaxis.

Furthermore, I have verified that my insurance covers me for emergency international medical evacuation and international medical procedures while I'm overseas.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if student is under 18)

\_\_\_\_\_  
Date