



Chimpanzee Sanctuary & Wildlife Conservation Trust
Checklist For Vaccines/Medical Tests
FOR CHIMPANZEE INTEGRATION and CAREGIVER FOR A DAY PROGRAMS
ON NGAMBA ISLAND

Name of Patient: _____

Name of Medical Practice: _____

Name of Attending Doctor (Printed): _____

Signature and Stamp of Attending Doctor: _____

Vaccine/Test	Type of Vaccine or Test Given	Date of First vaccination /test	Date of Second Vaccination	Date of Third Vaccination	Signature of Doctors
Hepatitis A (20 years)					
Hepatitis B (5 years)					
Measles (MMR) (10 - 15 years)					
Meningococcal meningitis (ACWY strains) (3 years)					
Polio (10 years)					
Tetanus (10 years)					
Yellow Fever (10 years)					
Seasonal Influenza (flu) vaccine					
2009 H1N1 vaccine					

TB test (any screening test or Chest X-ray for those with history of BCG vaccination)

Date	Type of Test	Results

Comments:

Please note: The years stated next to the type of vaccination is how long it is valid for according to medical sources. Having a disease as a child (like measles) no longer guarantees your immunity for life.