



Chimpanzee Sanctuary & Wildlife Conservation Trust
Checklist For Vaccines/Medical Tests

Name of Patient: _____

Name of Medical Practice: _____

Name of Attending Doctor (Printed): _____

Signature and Stamp of Attending Doctor: _____

Vaccine/Test (validity)	Type of Vaccine or Test Given	Date of First vaccination	Date of Second Vaccination	Date of Third Vaccination	Signature of Attending Doctors
Hepatitis A (20 years)					
Hepatitis B (20 years)					
Measles (MMR) (10-15 years)					
Meningococcal meningitis (ACWY strains) (3 years)					
Polio (10 years)					
Tetanus (10 years)					
Yellow Fever (10 years)					
Seasonal Flu (1 year)					

TB test (within a period of six months)

Date	Type of Test	Results

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

Comments:
