**UGANDA VISIT 2025: Vaccinations and**

**anti-malarial medication**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please tick to confirm the vaccinations your child has received. The list below is to show common vaccinations for the trip. You child may not need all of the below. Medical advice should be taken from your child’s doctor or travel nurse. **Some vaccinations have a limited supply, and there is a large group taking part in the Uganda trip this year. Please contact your medical professional in good time to ensure all relevant vaccinations are available for your child.**

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| --- | --- | --- |
| **Vaccine** | **Please tick if they have had the vaccine** | **Date of vaccination**  **(if known)** |
| **Yellow Fever**  *A yellow fever certificate is required for entry to Uganda.*  *Please bring the Yellow Fever certificate to school as soon as possible. A copy of it is required to apply for your child’s visa.* |  |  |
| Hepatitis A |  |  |
| Hepatitis B |  |  |
| Typhoid |  |  |
| Tetanus |  |  |
| Polio |  |  |
| Rabies |  |  |
| Measles, mumps, rubella (MMR) |  |  |
| Meningitis |  |  |
| Cholera |  |  |
| Any others please add: |  | |

Please tick the relevant box to indicate the name of the **anti-malarial medication** your child will be taking for the visit.

|  |  |
| --- | --- |
| Anti-malarial medication | Please tick the relevant box |
| **Malarone (or Maloff)**  Active ingredients of generic malarone – Atovaquone and Proguanil |  |
| **Doxycycline** |  |
| **Other** (please specify) |  |