

JORDAN MISSION WORK
SEPTEMBER 15-24, 2016

Statement Regarding Vaccines for Jordan

I have read and understand the information that GPPD has given to me regarding vaccines for Jordan. I have willfully chosen to/not to acquire the vaccines that are recommended by the CDC.

X _____

Team Member Name: _____

Date: _____

If a minor, please have one or both parent's signatures as well:

X _____

Parent(s) Name(s): _____

Date: _____