

# Marion Medical Mission 2024

1412 Shawnee Drive  
Marion, Illinois 62959

Phone: (618) 997-5365

Fax: (618) 997-5366

[info@mmmwater.org](mailto:info@mmmwater.org)

Dear Applicant:

Greetings in Christ's name! The Marion Medical Mission (MMM) is a non-profit Christian organization that combines humanitarian volunteer action with self-help projects to provide safe water, assist in building schools and meeting medical needs, empower local communities, and foster intercultural relationships with the people of Africa. If you are looking for an experience that will change your life and the lives of others, MMM invites you to join our corps of volunteers.

We are planning to send two teams of volunteers during the months of September and October, 2024.

NOTE: Team 1 offers both a 2 week AND a 3 week option. Estimated dates (including travel days) are:

**Team 1: September 13 to October 7**

**Team 1A: September 13 to September 30**

**Team 2: October 4 to October 28**

- Team members are asked to commit to a minimum of approximately 25 days' duty for full 3 week teams or 18 days for the 2 week Team 1A (including travel time).
- Volunteers pay their own expenses, including airfare, food, lodging, incidentals, immunizations and travel visas.
- **NOTE:** The 2 week option (Team 1A) is intended to accommodate those that are not able to commit to the longer 3 week time due to work or other limitations. The training and work expectations will be the same as for the 3 week options. This is intended to open opportunities for more people, including younger people with family or work limitations. This year it will be limited to a maximum of 4 people with preference given to new volunteers.
- Marion Medical Mission is a Christian organization, yet we are willing to cooperate in an ecumenical and interfaith way to provide safe drinking water to all in need. We welcome volunteers of all beliefs who are willing to serve with us and join in this important mission. However, know that you will be asked to faithfully represent MMM's Christian principles. You will be required to ensure that each well is blessed with prayer and that the villagers are told of the Christians in America who donated the money for the well. Many villages practice non-Christian religions, and we must respect their right to worship as they choose. Our goal is not one of conversion but rather one of humble Christ-like service to fellow members of God's creation.
- We estimate the cost of a 3-week trip to be about \$3000-\$4000. The 2 week trip would only be about \$200 cheaper. You pay actual cost, which can vary, based on current airfares, length of stay, costs of immunizations (these costs may vary according to your insurance coverage--it may be as much as \$500), etc.
- **We need your application as soon as possible!** Complete and sign the Application Form, the Program Policies Form, and the "Hold Harmless" Waiver and **return them to us within two weeks, if possible, but absolutely no later than April 15, 2024.**

- Our teams are small and interest is normally very high. The Board has set a general guideline goal of 40% new volunteers. Please note that previous participation is not a guarantee for acceptance. We will contact new applicants for either an in-person or a phone interview after receipt of all application materials.
- **Applicants will be notified of acceptance or rejection no later than May 1, 2024.**
- All applicants must submit an application (previous volunteers see below).
- **Previous volunteers** need only complete the General Information form. You do not need to provide references after your first trip. **ALL APPLICANTS**, however, need to (1) sign the **APPLICATION** and the **PROGRAM POLICIES**, (2) sign and have notarized the **WAIVER**, and (3) have the **HEALTH FORM** signed by you and your physician.
- Please note that regardless of your expressed team preference, we reserve the right to request that you serve on either team to best meet the needs of the mission. We only offer the 2 week option for the first team.
- Have your reference forms filled out by two people who have known you for more than three years. If possible, please use your pastor or spiritual mentor as one reference and an employer as the second reference. Instruct each reference person to send the form in a sealed envelope (postage and envelope provided by you) directly to MMM.
- Applications may be approved subject to MMM's acceptance of your health form and receipt of proof of out-of-country health insurance. MMM also requires evacuation insurance. This can be purchased after acceptance and ticket purchase and prior to departure.
- You must complete all immunizations required by your health care provider for travel to Malawi, Tanzania, Zambia, and Mozambique.
- **If accepted, you will need to attend one of the Volunteer Trainings, which will be on June 22<sup>nd</sup> in Estes Park, Colorado and July 20<sup>th</sup> in Marion, Illinois.**

Thank you for your interest in serving as a volunteer with MMM. You can begin helping now by praying for MMM, our board members, the volunteers, and the African communities served.

In Christ's Service,  
Marion Medical Mission

---

# Marion Medical Mission Application 2024 Checklist

## 1. **Application:**

- Application Form submitted. Please note Health Assessment section
- Program Policies Form signed and submitted.
- Hold Harmless Waiver form notarized and submitted.

## 2. **References (new volunteers only):**

- Two Reference Forms completed and submitted by your references.

## 3. **Interview (new volunteers only):**

- Phone or in-person interview held with veteran volunteer.

## 4. **Health Form and Immunizations:**

- Physical completed with your physician.
- Health form completed by you and your physician and submitted prior to July 15, 2024.  
(Acceptance is conditional upon satisfactory report from physician.)
- Immunizations completed prior to your date of departure.

*Please note that you must have current health insurance in the U.S. in order to qualify for the trip!*

# Marion Medical Mission Application 2024

(Please print clearly. If you would like a Word version of this application, please email [info@mmmwater.org](mailto:info@mmmwater.org))

Return to: **Marion Medical Mission**  
**1412 Shawnee Drive**  
**Marion, Illinois 62959**

- Volunteer Application (4 pages)
- Personal Reference Forms (2 Forms, sent by references)
- Program Policy Information (1 Page)
- Hold Harmless Form (1 page)

## General Information:

**NOTE: Please list your name EXACTLY as it is shown on your passport.**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Email address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_ Marital Status \_\_\_\_\_

Passport number \_\_\_\_\_ Expiration date \_\_\_\_\_ Place issued \_\_\_\_\_  
(If you do not have a valid passport, the process to get one could take several weeks)

Are you a US citizen? \_\_\_\_\_ If not, list citizenship \_\_\_\_\_

Other than English, do you speak additional languages? \_\_\_\_\_

**PLEASE READ:** Travel in Africa can be difficult, both physically and emotionally. Please know that travel will be long and tiring. Volunteers will be working 12-hour days, 6 days a week, under strenuous conditions; it is very important that you be in good physical condition. **YOU WILL BE REQUIRED TO DRIVE FOUR-WHEEL DRIVE TRUCKS THAT ARE STICK SHIFT (British style: gear shift on the left-hand side, driving on left side of road) on very rough roads, paths and many times off road. Well sites are reached by walking, often long distances, sometimes uphill. Weather will be hot (mid-80s to 100 degrees), sometimes very humid, often breezy with dust and wood smoke in the air. Health care resources are often a long distance away and inadequate. Please be sure you are in good physical shape for this trip. You will be REQUIRED to carry health insurance that will cover a health-related emergency while traveling abroad, including emergency air evacuation coverage. If you do not have this type of coverage, we can recommend some low-cost alternatives.**

**PLEASE INITIAL TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED IN THE ABOVE PARAGRAPH: \_\_\_\_\_**

**Health Assessment:** Do you or have you ever had the following?

- High Blood Pressure \_\_\_\_\_ Stroke \_\_\_\_\_ Heart Attack \_\_\_\_\_
- Heart/Cardiovascular Surgery: \_\_\_\_\_ Type: \_\_\_\_\_ Date: \_\_\_\_\_
- Diabetes \_\_\_\_\_ ; if yes, how is it controlled? \_\_\_\_\_
- Cancer \_\_\_\_\_; if yes, what type and how was it treated? \_\_\_\_\_
- Seizures \_\_\_\_\_ Asthma/Other breathing problems \_\_\_\_\_
- Kidney Problems \_\_\_\_\_ Visual problems \_\_\_\_\_ Hearing Problems \_\_\_\_\_
- Other serious medical problems  
\_\_\_\_\_  
\_\_\_\_\_
- Surgeries in the past 6 months: \_\_\_\_\_
- Are you taking any medications? \_\_\_\_\_; if yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do you have any drug allergies? \_\_\_\_\_
- Are you sensitive to wood smoke? \_\_\_\_\_
- Do you have any other allergies? \_\_\_\_\_
- Do you have any mobility restrictions, such as difficulty walking moderate distances (up to 1 mile, over uneven, steep terrain)? NO \_\_\_\_\_ YES \_\_\_\_\_(please describe) \_\_\_\_\_  
\_\_\_\_\_

**Health Risk/ Habits and Lifestyle:**

- Do you smoke? \_\_\_\_\_ How many per day? \_\_\_\_\_
- Do you use alcohol? \_\_\_\_\_ How frequently? \_\_\_\_\_
- Do you use recreational drugs? \_\_\_\_\_ If yes, what and how frequently? \_\_\_\_\_
- Are you on any special diet? \_\_\_\_\_
- Do you exercise regularly? \_\_\_\_\_

**Health Insurance and Travel Medical Insurance** (please note that you must have current health insurance in the U.S. in order to qualify for the mission trip):

Current health insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Does the policy cover you outside of the U.S.? \_\_\_\_\_

Does your insurance cover air evacuation in case of an emergency? \_\_\_\_\_

If not, we can help you get coverage.

**Please provide two emergency contacts:**

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Email: \_\_\_\_\_ Telephone \_\_\_\_\_ Check if accepts texts \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Relationship \_\_\_\_\_

Email: \_\_\_\_\_ Telephone \_\_\_\_\_ Check if accepts texts \_\_\_\_\_

**PAST MMM EXPERIENCE:**

Have you ever participated on a Marion Medical Mission team? No \_\_\_\_\_ Yes \_\_\_\_\_ When? \_\_\_\_\_

**AVAILABILITY:**

Available for service (circle all that apply):

Team 1 (Sept 13 – Oct 7)    Team 1A (Sept 13-Sept 30)    Team 2 (Oct 4– Oct 28)

***Previous volunteers have now completed their General Information form. Please sign at the bottom of page 5.  
First time volunteers need to complete the remainder of this form and sign at the bottom of page 5.***

**NEW VOLUNTEERS ONLY:**

Current Employment Status: \_\_\_\_\_

Describe any experiences that would equip you for MMM volunteer service \_\_\_\_\_

\_\_\_\_\_

How have you served in your local church or community? \_\_\_\_\_

\_\_\_\_\_

Have you traveled abroad or participated in any short-term mission trip before? \_\_\_\_\_

If \_\_\_\_\_ yes, \_\_\_\_\_ where?

Are you proficient in driving a stick shift, 4-wheel drive vehicle? Yes No<sup>1</sup> \_\_\_\_\_

Do you have experience in off-road driving? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe your experience: \_\_\_\_\_

**Brief Statement of Faith:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Reference #1:

Pastor \_\_\_\_\_ Your Church \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Reference #2: (employer/supervisor is preferred if appropriate)

Name \_\_\_\_\_ Connection to applicant \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> If "no," you will need to attain proficiency before you leave for Africa.

**Describe how you came to know about Marion Medical Mission:**

---

---

---

---

---

---

---

---

---

---

After receipt of your application, MMM will contact you to schedule a personal interview (usually by phone) with an experienced MMM volunteer.

---

**ALL APPLICANTS MUST SIGN BELOW:**

**I understand that my talents and gifts will be used where they are the most needed.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Marion Medical Mission 2024

## Reference Form #1

Return to: Marion Medical Mission  
1412 Shawnee Drive  
Marion, Illinois 62959

**Applicant's Name:** \_\_\_\_\_ **has requested he/she be considered for a volunteer position with Marion Medical Mission on a trip to Africa. Your input helps us to assess their strengths for mission service in Africa. Any information you provide will remain confidential. Please answer the following questions based on your knowledge of the applicant. Mail your reference to the address shown at the top of this page.**

1. How long, and in what capacity, have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
2. MMM volunteers work in many varied places and situations. Describe how you believe this applicant adapts to new situations. \_\_\_\_\_  
\_\_\_\_\_
3. MMM volunteers spend long days working with others, including Africans and others with differing viewpoints. In your experience, how well does this applicant demonstrate the ability to be a team player? \_\_\_\_\_  
\_\_\_\_\_
4. As part of a team, how well does this applicant accept direction and guidance? \_\_\_\_\_  
\_\_\_\_\_
5. Working and living in sub-Saharan Africa with people one does not know well can be difficult at times. In your experience, what is the applicant's response under stress? \_\_\_\_\_  
\_\_\_\_\_
6. MMM volunteers work closely with Africans, often in situations very different from mainstream U.S. Describe the applicant's overall cultural sensitivity. \_\_\_\_\_  
\_\_\_\_\_
7. Do you recommend the applicant's participation in this mission effort with MMM? Why or why not? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have additional comments about this applicant (use back of form if necessary)? \_\_\_\_\_  
\_\_\_\_\_

**Print Name** \_\_\_\_\_ **Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

# Marion Medical Mission 2024

## Reference Form #2

Return to: Marion Medical Mission  
1412 Shawnee Drive  
Marion, Illinois 62959

**Applicant's Name:** \_\_\_\_\_ **has requested he/she be considered for a volunteer position with Marion Medical Mission on a trip to Africa. Your input helps us to assess their strengths for mission service in Africa. Any information you provide will remain confidential. Please answer the following questions based on your knowledge of the applicant. Mail your reference to the address shown at the top of this page.**

1. How long, and in what capacity, have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
2. MMM volunteers work in many varied places and situations. Describe how you believe this applicant adapts to new situations. \_\_\_\_\_  
\_\_\_\_\_
3. MMM volunteers spend long days working with others, including Africans and others with differing viewpoints. In your experience, how well does this applicant demonstrate the ability to be a team player? \_\_\_\_\_  
\_\_\_\_\_
4. As part of a team, how well does this applicant accept direction and guidance? \_\_\_\_\_  
\_\_\_\_\_
5. Working and living in sub-Saharan Africa with people one does not know well can be difficult at times. In your experience, what is the applicant's response under stress? \_\_\_\_\_  
\_\_\_\_\_
6. MMM volunteers work closely with Africans, often in situations very different from mainstream U.S. Describe the applicant's overall cultural sensitivity. \_\_\_\_\_  
\_\_\_\_\_
7. Do you recommend the applicant's participation in this mission effort with MMM? Why or why not? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have additional comments about this applicant (use back of form if necessary)? \_\_\_\_\_  
\_\_\_\_\_

**Print Name** \_\_\_\_\_ **Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relationship to Applicant** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

# Marion Medical Mission 2024

## Program Policies

Return to: Marion Medical Mission  
1412 Shawnee Drive  
Marion, Illinois 62959

*Please read and initial each of these policies to indicate your agreement,  
then sign on the next page.*

### **Financial Policies:**

Airfare has varied from \$1,800 to \$3,000. Room and board is estimated at an additional \$700. Volunteers should estimate a total cost of up to \$3,000-\$4,000.

\_\_\_\_\_ I understand that I am responsible for all expenses associated with the MMM trip.

### **Program Policies:**

Program volunteers must be at least 21 years old, hold a valid driver's license and valid passport, have the appropriate inoculations prior to departure for Africa, and be covered by adequate health and evacuation insurance. Well team volunteers must be able to drive a four-wheel drive vehicle with a manual transmission. Volunteers should be in good physical shape, have initiative and be able to work independently.

\_\_\_\_\_ I have divulged all relevant medical information, including any conditions or medications that might affect my health or ability to work while in Africa.

\_\_\_\_\_ I understand that I am responsible for reviewing Center for Disease Control (CDC) guidance for travelers to Malawi with my doctor, and I agree to acquire all appropriate immunizations and medicines prior to my travel to Africa.

See the CDC page at: <https://wwwnc.cdc.gov/travel/destinations/traveler/none/malawi>

\_\_\_\_\_ I understand that I must be able to drive a four-wheel drive vehicle with manual transmission, and I agree to obtain sufficient driving experience on my own, *prior to arriving in Africa*.

\_\_\_\_\_ I commit to being in good physical shape for the trip and agree to engage in an appropriate exercise regimen to prepare for the trip.

### **Cancellation and Refund Policy:**

MMM reserves the right to cancel mission trips for any reason. In the event of any such cancellation, MMM is not responsible for the refund of any non-refundable travel expenses that may have been incurred by an applicant prior to such cancellation.

\_\_\_\_\_ I understand that I am responsible for any non-refundable travel expenses if it is necessary for MMM to cancel the trip or if I cannot complete the trip for any reason.

### **Additional Policies:**

MMM 2024 Teams will be selected by a selection committee after prayerful review of all applications. *Submission of an application by either new or veteran volunteers does not guarantee acceptance to the team.* Selections will be made with consideration of the following:

- Team composition: 40 to 50% new volunteers, 50 to 60% veterans
- Individual volunteer's talents, skills, abilities and interests
- Compatible personalities
- MMM project needs
- Health and medical concerns

Marion Medical Mission reserves the right to decline the application of any applicant. MMM also reserves the right to require any volunteer who is a danger to the mission, himself/herself or others, to leave the mission field.

\_\_\_\_\_ I agree to abide with any and all decisions that MMM makes about mission trip applicants and volunteers.

If you are accepted as a volunteer for MMM, you will be required to:

1. Attend a pre-trip training meeting in either June or July, 2024.
  2. Submit a medical release signed by your doctor,
  3. Submit passport information (if not submitted with initial application),
  4. Submit medical insurance information (if not submitted with initial application),
- and

\_\_\_\_\_ If I am accepted, I agree to abide by these requirements.

Marion Medical Mission is a Christian organization, yet we are willing to cooperate in an ecumenical and interfaith way to provide safe drinking water to all in need. We welcome volunteers of all beliefs who are willing to serve with us and join in this important mission. However, know that you will be asked to faithfully represent MMM's Christian principles. You will be required to ensure that each well is blessed with prayer and that the villagers are told of the Christians in America who donated the money for the well. Many villages practice non-Christian religions, and we must respect their right to worship as they choose. Our goal is not one of conversion but rather one of humble Christ-like service to fellow members of God's creation.

*I am submitting this application and have read this agreement, I agree to the terms, and I have made a copy for my records.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Hold Harmless, Waiver of Liability, and Emergency Medical Care Authorization

Marion Medical Mission, a nonprofit organization, operates a well-building program that provides clean, safe drinking water to remote villages in Malawi, Tanzania, Zambia, and Mozambique (hereinafter called the "Program").

I, \_\_\_\_\_ (name), of \_\_\_\_\_  
(address), in consideration of the opportunity to participate in the Program, and in consideration of other obligations incurred, hereby agree as follows:

1. I fully understand that I may be traveling or staying in areas of the world that may have unstable political, economic, and security situations where acts of war, potential danger from lack of control over local population, terrorism, or violence could occur at any time.
2. I fully understand that I may encounter difficult climates and living conditions; that risks are present concerning means of travel, food, water, diseases, pests, and poor sanitation and other health-related situations. Medical or emergency medical treatment may be inadequate or not available.
3. I accept and assume all responsibility for my personal actions and any and all risks of property damage or personal injury that occur during or result from my participation, including potential injury while working.
4. With the above in mind, I fully understand and agree that Marion Medical Mission, all of its entities, their staff members, successors, assigns, officers, agents, representatives, board members, and entities (hereinafter referred to as "MMM") shall not be responsible or liable in any way for any accident, loss, death, injury, or damage to myself or my property in connection with the Program, or any portion of the Program, even if said injury or action is due to the alleged negligence of MMM. Further, I do hereby agree to indemnify and hold harmless MMM from any and all costs and expenses (including, without limitation, reasonable attorney's fees) of whatsoever kind in connection with the Program or any portion of the Program. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors, and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against MMM related to the Program, even if any such claim or right of action is caused by MMM's alleged negligence.
5. I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during the Program I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize emergency medical care decisions to be made on my behalf, and I specifically release MMM, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of MMM's alleged negligence.
6. This document does not release MMM from gross negligence.

I HAVE READ CAREFULLY, AGREE TO, AND INTEND TO BE LEGALLY BOUND BY ALL TERMS OF THIS HOLD HARMLESS, WAIVER OF LIABILITY, AND EMERGENCY MEDICAL CARE AUTHORIZATION.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_ day of \_\_\_\_\_, 2024.

Notary Public: \_\_\_\_\_ (SEAL)

Participant Name \_\_\_\_\_

**MARION MEDICAL MISSION (MMM) 2024 HEALTH FORM**

This form must be completed and signed by both you AND your physician. Then return this form to Marion Medical Mission no later than **JULY 15**.

**It may take a few months to complete immunizations, so start immediately after acceptance for the trip.**

**PRIMARY CARE PROVIDERS: IMPORTANT, PLEASE READ:** Travel to Africa can be difficult, both physically and emotionally. Travel will be long and tiring; vehicles will be 4-wheel drive trucks on very rough roads, paths, and often off-road. Well sites are reached by walking, often long distances, in hilly areas. Weather will be hot – mid-80s to 100 degrees, sometimes very humid, often breezy with dust and wood smoke in the air. Health care resources are often a long distance away and inadequate. Please be sure the patient is in good physical shape for this trip.

MMM should be aware of the following medical or emotional conditions or physical limitations of this patient:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This patient has the following allergies (include any medications to which this patient is allergic):

\_\_\_\_\_  
\_\_\_\_\_

List **ALL MEDICATIONS** this patient is taking (including dose and frequency of administration):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have examined this patient and (please check one):

- found her/him in general good health and able to withstand the travels and lifestyle of this trip (as noted above).
- do NOT recommend her/him for participation in this trip due to: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Print/type/Stamp Physician's Name** \_\_\_\_\_

Clinic name (please print) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

The following section must be completed by the **PARTICIPANT/PATIENT**:

\_\_\_ I have reviewed the current Centers for Disease Control (CDC) "Travel Health Notices" and recommended "Vaccines and Medicines" for travelers to Malawi with my doctor.

\_\_\_ I have made arrangements to acquire appropriate immunizations and medicines prior to my travel to Africa.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_