

EMBED Word.Picture.8

Student Name: \_\_\_\_\_

**Certification of Immunizations for Travel to Quito Ecuador**

<u>Immunization</u>	<u>Date</u>
Typhoid	_____
Hep A	_____
Hep B	_____

Prescription for anti-malaria \_\_\_\_\_

Doctor's  
Signature: \_\_\_\_\_