

**PROPAPA MISSIONS AMERICA
BRIGADE VOLUNTEER MANUAL
Brigade Prophylactic Medicines**

I. Your Brigade Captain will do everything possible to insure your safety during your trip, but to do so, ProPapa must have your cooperation.

Required inoculations and prophylaxis medications that need to be taken before and during your trip abroad are listed below.

A. Required immunizations for the standard brigade trip are:

1. Current Hepatitis A & B shot(s).
2. Current Tetanus shot.
3. Current Typhoid protection; shot or oral plus booster.

B. Since individual insurance are so different & some volunteers need to source their personal shot records, these immunizations are your responsibility. The team may select to arrange a single site provider.

C. Prophylactic medications recommended are:

1. Aralen (cloroquine) 500 mg, taken weekly to prevent malaria. Take 1 tablet, once a week on Mondays for eight weeks, starting the Monday before you leave for Honduras. Do not take with Tagamet or antacids. Do not take if you think that you may be pregnant.
2. Cipro, 100 mg, take once a day, to help guard against G.I. illness or ‘traveler’s diarrhea’ caused by differences in water and food. Start your first dose on the day you leave for Honduras and your last dose on the day after your return. Keep pills in a light resistant container.
3. Vermox-parasite medicine-Take one tablet the day after you return from Honduras to combat any intestinal parasites passengers you may have returned with on board.

II. Since it is impossible for ProPapa to be abreast of every volunteer’s medical history, PPMA can not advise you if this drug regimen is safe for you individually. Thus, volunteers must read the qualifying statement below, discuss taking these medications with your personal physician, and affix your signature below representing your acceptance of any risks.

“I understand that my past medical history & present allergies play a significant role in whether I can take the suggested medication regimen safely. I have discussed these medications with my physician, and I understand the possible risks & side effects. I understand that I cannot take these medications if pregnant & I’m aware antibiotics are known to reduce the effectiveness of birth control pills. My signature below indicates I have checked with my doctor and have been made aware of the possible side effects & I accept any untoward results in taking these medications.”

Signature of Volunteer

Signature of Guardian

Ones guardian must sign if volunteer is a minor. Please forward this form to the Brigade Captain.