



**ROTARY INTERNATIONAL**  
**JUGENDDIENST – YOUTH EXCHANGE PROGRAM**  
 MULTI-DISTRIKT 1910-1920  
 AUSTRIA-BOSNIA HERZEGOVINA-CROATIA-HUNGARY-SLOVENIA  
**Erwin Zeller – Chairman**  
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**To**            **the parents of Rotary Exchange Students to Austria**

**From**        **Erwin Zeller, Districts 1910-1920, Youth Exchange, Chairman**

**Re**            **Vaccination against Meningo Encephalitis (Meningitis)**

**Dear Parents,**

we welcome your son/daughter to come to Austria.  
 In the interest of his/her health the Committee of the Rotary Youth Exchange in Austria **strongly recommends a vaccination against Meningo Encephalitis.**

Austria is an area where the existence of a particular type of tick is widespread. This tiny insect, hiding on grass, bushes and trees can transfer through its bite a virus leading to meningitis (and thereby to possible brain damage).

Our **state health authorities strongly recommend** to everyone to undergo this vaccination treatment, particularly to those who spend some time in nature.

The immunisation treatment consists of a **series of injections**, the first two at an interval of one month giving already adequate protection. After one year and then after a number of years further refresher injections would be required. However this is not applicable to your son/daughter since they will be on their way home by that time.

The costs of the vaccine will be approx. EUR 15,- per injection (i.e. **EUR 30,-** in total) and need to be borne by the student. We may achieve a price reduction by buying the vaccine in bulk.

Please **let us have your decision** on this immunisation by ticking off the appropriate box at the end of this letter and **fax or email** it to me or have **your son/daughter bring it along to the German Course.** The first part of immunisation will be done then.

**We will not immunise your son/daughter without your consent!!!!**

Thank you for your cooperation

**E. Zeller, Chairman**  
 Fax +43 2252 21989  
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C:\Documents and Settings\Erwin Zeller\My Documents\Aa Rotary JD\Inbound\! 04.01 FSME-Brief.doc

**I DO AGREE** to the described vaccination for my son/daughter



**I DO NOT AGREE** to the vaccination



**Student:** Name:.....Date of Birth:.....

**Parents** or legal guardian: Name:.....

Signature:.....