



IMMUNIZATION AND EXAMINATION FORM

Physician Complete and Sign

SUBMIT BY JUNE 1st

In lieu of this form, parents may provide an attached examination record signed by a licensed physician.

IMMUNIZATION HISTORY: Please record the date (month and year) of basic immunizations and the most recent booster doses. The Department of Health will not accept records without dates.

<u>Vaccines</u>	<u>Date of Basic Immunization</u>			<u>Date of Last Booster</u>		
	Camper	Camper	Camper	Camper	Camper	Camper
Hepatitis B	_____	_____	_____	_____	_____	_____
Diphtheria, Tetanus Pertussis (DtaP)	_____	_____	_____	_____	_____	_____
Haemophilus Influenzae Type b (Hib)	_____	_____	_____	_____	_____	_____
Polio (IPV)	_____	_____	_____	_____	_____	_____
Measles, Mumps, Rubella	_____	_____	_____	_____	_____	_____
Varicella (Chicken Pox)	_____	_____	_____	_____	_____	_____

MEDICAL EXAMINATION: To be filled out by a licensed physician. This examination should be performed within 10 months of arrival at camp. Examination is for determining fitness to engage in strenuous activities. Examination for some other purpose within this period is acceptable. Hgb Test is NOT required.

<u>Name of Camper</u>	<u>Height</u>	<u>Weight</u>	<u>Hgb Test</u>	<u>B.P.</u>	<u>Urinalysis</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Specify, with the camper's first name, any allergies, special diet, activity restrictions or special medicine required:

I have examined the person(s) herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Date of Examination _____ Examining Physician _____ MD

Telephone _____ Address _____