



Camper Name: _____ Camp Name/Location: _____

Please fill in or attach record of immunizations. You may use your physician’s immunization record form in the place of ours.

Record of Immunizations:

(please fill in or attach record)

Vaccine:	Dates:					
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	___	___	___	___	___	___
TD (tetanus/diphtheria)	___	___	___	___	___	___
Polio	___	___	___	___	___	___
MMR	___	___				
or Measles	___	___				
or Mumps	___	___				
or Rubella	___	___				
Haemophilus Influenza B	___	___	___	___		
Hepatitis B	___	___	___			
Varicella (chicken pox)	___	___				

Is the child exempt from any immunizations?

YES NO

If YES, which ones?