

Immunizations: This section must be completed by a licensed health care provider or attach a copy of immunization documentation or alternative proof of immunity.	
REQUIRED IMMUNIZATIONS (Campers under 18 years of age)	DATE (Month/Day/Year)
MMR (1 st dose age 12 months or older)	
Measles #2 or MMR #2 (Given at age 4 – 6 years and at least 1 month after 1 st dose)	
Polio (3 doses of OPV or IPV or 4 doses of mix IPV and OPV)	#1 #2 #3 #4
Diphtheria and Tetanus Toxoids and Pertussis (4 doses of DTaP/DTP/DT/Td. Booster dose of Td required if more than 10 years since last dose)	#1 #2 #3 #4 Booster (if applicable)
Hepatitis B	#1 #2 #3
Varicella	#1 #2
Meningococcal (1 does; this dose must be given on or after the 10th birthday)	#1

LEAD SCREENING: _____
 Effective 3/01/90 Massachusetts State Law requires all children, regardless of risk, shall be screened at least once between the ages of 9-12 months and annually until the age of 48 months. Children who are determined to be at high risk for lead exposure must be screened every 6 months and 3 years and yearly from 3 years to 6 years. Children must present evidence of having been previously screened as a condition for entry to kindergarten.

Physical Examination By a Physician: This section must be completed by a physician or attach a copy of a physical examination conducted by a physician during the preceding 24 months.

DATE OF MOST RECENT PHYSICAL EXAM:

Height:	Eyes:	Abdomen:
Weight:	Vision:	Genitalia, Hernia:
BP:	Ears, Nose, Throat:	Musculoskeletal:
HCT or Hgb:	Heart:	Neurological Exam:
Urinalysis:	Lungs:	Skin:

Recommendation for Camp Participation:

- Is the person capable of participating in active camp program(s)? Yes No
- Please explain any restriction(s) _____
- Is person currently taking medication(s)? _____
- List any medications to be administered by Camp Health Supervisor _____

Signature of Health Care Provider: _____ Date: _____
 Printed Name of Health Care Provider: _____ Phone: _____
 Office Address: _____