Camper Name

Date of Birth

☐ Male ☐ Female

Immunization Form

Please complete this form and return it to the camp as soon as possible. Your Health Form will not be complete without it.

Immunization	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP Diphtheria, tetanus, pertussis	mm/yyyy					
Tetanus, Pertussis booster						
MMR Mumps, measles, rubella						
IPV Polio						
HIB Haemophilus influenzae type B						
PCV Pneumococcal						
Hepatitis B						
Hepatitis A						
Chicken Pox Varicella						
MCV4 Meningococcal meningitis						

Comments

If your child has not received any or all of the immunizations listed above, please provide an explanation.

Signature

Date

CampMinder