

Child's Name

Date of Birth

Male

Female

Immunization Form

Health 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/dd/yyyy

Tetanus, Pertussis booster**MMR**

Mumps, measles, rubella

IPV**HIB**

Haemophilus influenza type B

PCV

Pneumococcal

Hepatitis B**Hepatitis A****Chicken Pox**

Varicella

MCV4

Meningococcal meningitis

H1N1

Swine flu

Flu Shot

If any of the immunizations above have not been received, please explain why. Use the other side if necessary.