



Camp Medical /Immunization Form

Name of Camper _____

Camp Session _____

We are required by Montgomery County Department of Health and Human Services Licensure and Regulatory Services to have updated immunization records for all campers. Please return this form to BlackRock Center for the Arts by Monday June 2, 2008. We appreciate your cooperation, as we try to protect the health and safety of all our campers.

Immunization

Please record the date of basic immunizations and the most recent booster doses.

| Name | Month/Year | Month/Year | Month/Year | Month/Year |
|-----------------------------------|------------|------------|------------|------------|
| Diphtheria | _____ | _____ | _____ | _____ |
| Pertussis (Whooping cough) DPT | _____ | _____ | _____ | _____ |
| Tetanus | _____ | _____ | _____ | _____ |

| | | | | |
|-------------------------|-------|-------|-------|-------|
| Polio | _____ | _____ | _____ | _____ |
| Haemophilus influenza B | _____ | _____ | _____ | _____ |
| Hepatitis B | _____ | _____ | _____ | _____ |
| Varicella (chicken pox) | _____ | _____ | | |

MMR

Or measles _____

Or Mumps _____

Or Rubella _____

TB Mantoux Test _____ Positive?

If positive and greater than 10mm, date and results of chest x-ray_____

Course of Treatment/Medication

Signed by Doctor/Medical Practioner

Date
