



BlackRock Center for the Arts Camp Medical /Immunization Form

Camper's Name: _____

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 Tuesday June 1, 2010. 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	____ Negative	

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

Course of Treatment/Medication _____

Has this person ever tested positive for HIV ___ Yes ___ No

Signed by Doctor/Medical Practioner _____ Date _____