



FORM 1 - IMMUNIZATION RECORD - MANDATORY FOR ALL CAMPERS

Please note that there are two convenient ways to submit your child's immunization record.

Option 1 - Have your child's healthcare provider complete and sign the form.

Option 2 - Alternatively, you can upload a copy of your child's immunization record, which is readily accessible from your family health care provider.

Upload your child's immunization record to the "Health Form" section of your Active Account.

Name of Camper _____ DOB _____

Provide the month and year for each immunization. Starred immunizations must include the date.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster (dT) or (TdaP) ***						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox): <input type="checkbox"/> Had chicken pox. Date:						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test	Date:		<input type="checkbox"/> Negative		<input type="checkbox"/> Positive	

Healthcare Provider Signature _____ Date _____

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Parent/Guardian: _____ Date: _____