Applicant's Name	Session	Birth Date	☐ 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						
H1N1 Swine flu						
Flu shot						

CampMinder

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