

The Camp at Nashoba Valley Physicians Form

(To be filled out by camper's physician or nurse)

Immunization History:

Required immunizations must be determined locally.

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

<u>Vaccines</u>	<u>Date of Basic Immunization</u>	<u>Year of Last Booster</u>
• Diphtheria	1. ____/____/____	1. ____/____/____
• Pertussus	2. ____/____/____	2. ____/____/____
• Tetanus DPT	3. ____/____/____	

OR

- Tetanus
- Diphtheria TD
- Tetanus: _____
- Oral Polio (Sabin) *TOPV: _____
- Injectable Polio (Salk): _____
- Measles (hard measles, red measles, rubella): _____
- Mumps: _____
- Rubella (German measles, 3-day measles): _____
- Hepatitis B 1. _____ 2. _____ 3. _____
- Tuberculin test given (most recent): _____
- Haemophilus Influenza b (HIB) _____

Health Care Recommendations Given By Licensed Physician

Applicant's Name: _____ D.O.B. _____ Sex: _____

Height: _____ Weight: _____ Blood Pressure: _____

I have examined the above camp applicant within the past two years. Date: _____

In my opinion, the applicant's condition _____ does _____ does not preclude his/her participation in an active camp program.