

Applicant's Name

Session

Birth Date

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
COVID-19	<input type="text"/> <small>mm/yyyy</small>	<input type="text"/>	<input type="text"/> <small>Vaccine Manufacturer (Pfizer-BioNtech, Moderna, Johnson & Johnson, etc.)</small>			
DTaP or TDaP <small>Diphtheria, tetanus, pertussis</small>	<input type="text"/> <small>mm/yyyy</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tetanus, Pertussis booster						<input type="text"/>
MMR <small>Mumps, measles, rubella</small>	<input type="text"/>	<input type="text"/>				<input type="text"/>
IPV <small>Polio</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
HIB <small>Haemophilus influenzae type B</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
PCV <small>Pneumococcal</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Hepatitis A	<input type="text"/>	<input type="text"/>				
Chicken Pox <small>Varicella</small>	<input type="text"/>	<input type="text"/>				
MCV4 <small>Meningococcal meningitis</small>	<input type="text"/>					
H1N1 <small>Swine flu</small>	<input type="text"/>	<input type="text"/>				
Flu shot						<input type="text"/>

If any of the immunizations listed above have not been received, please explain why. Use a second sheet if necessary.