Applicant's Name | Session | Birth Date

Immunization Form

HEALTH 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	mm/yyyy					Vaccine Type
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						

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