Applicant's Name | Session | Birth Date | ☐ Male ☐ Female

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
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						
COVID-19						

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