

PERSONAL HEALTH AND MEDICAL RECORD CONTINUED

IMMUNIZATION RECORD (Required By Law)

This form may be filled out by parent or guardian, provided all immunization are up to date.

Vaccine Type	Disease		2nd Dose		3rd Dose							
	Mo/Day/Yr		Mo/Day/Yr		Mo/Day/Yr		Mo/Day/Yr		Mo/Day/Yr		Mo/Day/Yr	
Polio: Indicate oral or Salk in Corner box. Oral: if monovalent indicate 1,2,3 in corner box. Salk: acceptable if given after 12/31/87												
Measles (Live)												
Rubella												
Mumps												
Diphtheria												
Tetanus												
Pertussis												
Hepatitis B Vaccine (age 5 & up)												
Meningococcal Vaccine (age 12 & up)												
Varicella (age 5 & up) unless child has had chicken pox. Date of virus: Month: Year:												
Other (Specify)												

MEDICAL HISTORY

Most Recent Physical Examination (Date)	Do you have any current health problems? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No
Are you now under medical care or taking any medications? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No	Has there been any surgery, illness, allergy or change in health status since last complete physical examination? <input type="checkbox"/> Yes (Explain below) <input type="checkbox"/> No
Explanation:	

AUTHORIZATION

To the best of my knowledge, history is correct and complete, I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the even that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection. anesthesia or surgery for my child as named above.

Date	Signature of Parent/Guardian	Signature of Individual (If Over 18)
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FOR CAMP USE ONLY

Review by Adult Leader	Date
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