



University of Massachusetts Amherst
 University Health Services
 150 Infirmary Way
 Amherst, MA 01003-9288
 (413) 577-5000 / www.umass.edu/uhs

MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS

Please return form to program: _____

Participant name (print): _____
Last First M.I.

SECTION 1 (To be completed by parent or guardian.)

Name: _____ Sex: _____ Birth date: _____
Month / Day / Year

Address: _____ City/State/Zip: _____

Program name: _____ Program dates: _____

Father: _____ Phone (day): _____ Phone (evening): _____

Mother: _____ Phone (day): _____ Phone (evening): _____

Guardian is: father mother other (name and address): _____
 (phone number): _____

Emergency contact (name, phone number, relationship to participant): _____

Family physician name and address: _____
 phone number: _____

Family dentist name and address: _____
 phone number: _____

Medical insurance company: _____ Policy number: _____

In case of medical emergency, I hereby give permission to University Health Services (UHS) staff to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child, as named above.

_____ Date

_____ Parent/guardian signature

SECTION 2 PHYSICAL EXAMINATION: Must be done by a medical provider within the preceding 12 months.

MEDICAL HISTORY (please note significant disorders):

Allergies: _____ Heart: _____ Tuberculosis: _____

_____ Kidney: _____ Whooping Cough: _____

Diabetes: _____ Lung: _____ Varicella: _____

Neurological: _____ Disabilities: _____ Other: _____

Pertinent medical history:

Summary of significant treatment program, including names and doses of medications to be used while at program (medications MUST be in a container with the original label):

SECTION 3 REQUIRED IMMUNIZATIONS

MEASLES, MUMPS AND RUBELLA (MMR) VACCINE

First dose must be after age 12 months; 2 doses required.

MMR #1 ____/____/____ MMR #2 ____/____/____

POLIO VACCINE

A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mix of (IVP/OPV) was used, four doses are required.

Completed primary series of polio immunizations? YES NO

DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE

Minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster dose of Td is required for all campers and staff who will be entering grades seven through 10. For campers and staff who will be entering grades 11 and 12, a booster of Td is required if it has been more than 10 years since the last dose of DTaP/DTP/DT/Td.

Completed primary series of DTaP/DTP/DT? YES NO

HEPATITIS B

Three doses of Hepatitis B vaccine are required if born on or after Jan. 1, 1992.

Dose # 1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

EXCEPTIONS

- **RELIGIOUS OBJECTION:** The individual must submit a written statement, signed by a parent/guardian if a minor, to the effect that the individual is in good health and stating the reason for such objections.
- **MEDICAL:** The individual must submit certification by a physician stating that the physical condition of the individual is such that his or her health would be endangered by such immunization.

Health care provider signature and/or stamp: _____

Printed name: _____

Address: _____

Phone: _____ Date: _____