

MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS

9288	Please return form to program:			
v.umass.edu/uhs				
nt):	Fine#			
Last	First	MI		

Particip	ant name (print):					
		Last		First	M.I.	
ECTION 1	To be completed by p	arent or guardian.)				
Jame:			Sex:	Birth date:		
				Month / Day / Year City/State/Zip:		
				Program dates:		
=			_	Phone (evening):		
				Phone (evening):		
		(phone nu	ımber):			
nergency contac	t (name, phone num	ber, relationship to pa	rticipant):			
	_					
ledical insurance	company:		Policy num	ber:		
	Date	Parent/guardian		uardian signature		
ECTION 2	HYSICAL EXAMINA	ATION: Must have been	n done by a medi	cal provider within the pr	receding 12 mon	
IEDICAL HISTO	ORY (please note sign	ificant disorders):				
llergies:		Heart:		Tuberculosis:		
				Whooping Cough:		
		=		Varicella:		
eurological:		Disabilities:		Other:		
ertinent medical	history:					
	,,,					
		ram, including names with the original label		dications to be used while	e at program	
nedications MUS	or be in a container v	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	Dates:/
A minimum of three doses of either inactivated polio vaccine (vaccine (OPV) are required. If a mix of (IVP/OPV) was used, for	· · · · · · · · · · · · · · · · · · ·
Completed primary series of polio immunizations? \Box Y	
DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSI Minimum of four doses of DTaP/DTP/DT or at least three dos all campers and staff who will be entering grades seven throug 11 and 12, a booster of Td is required if it has been more than (Tdap is also acceptable.)	ses of Td is required. A booster dose of Td is required for the theorem and staff who will be entering grades
Completed primary series of DTaP/DTP/DT?	res 🖵 no
Dates://	// Date last Td//
HEPATITIS B Three doses of Hepatitis B vaccine are required if born on or a Dose # 1// Dose #2//	· ·
 RELIGIOUS OBJECTION: The individual must submit a to the effect that the individual is in good health and sta MEDICAL: The individual must submit certification by a individual is such that his or her health would be endanged. 	a physician stating that the physical condition of the
To let a serve and it has also as a serve at the serve as	
Health care provider signature and/or stamp:	
rinted name:	
address:	
hone: D	ate:

Participant name: _____ Date of birth: _____

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