



Immunization Record

Summer Camp

Please fill out the form below to show that you have met the state immunization requirements for attending Massachusetts camps:

(or submit an equivalent statement from your child's pediatrician)

Camper Name: _____ Date of Birth: _____

MMR (doses)	
Polio (4 doses)	
DtaP/DPT/DT/Td (5 doses)	
Hepatitis B (3 doses)	
Tetanus	
Chicken Pox/Varivax (1 dose OR evidence of chicken pox)	

Physician Signature: _____ Date: _____