K·E CAMPS

CAMPER HEALTH FORM SUPPLEMENT

Camper Name: _____Camp Name/Location: _____

Please fill in or attach record of immunizations. You may use your physician's immunization record form in the place of ours.

Record of Immunizations:
(please fill in or attach record)

Vaccine:	**Dates:**					
	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	____	____	____	____	____	____
TD (tetanus/diphtheria)	____	____	____	____	____	____
Polio	____	____	____	____	____	____
MMR	____	____				
or Measles	____	____				
or Mumps	____	____				
or Rubella	____	____				
Haemophilus Influenza B	____	____	____	____		
Hepatitis B	____	____	____			
Varicella (chicken pox)	____	____				

Is the child exempt from any immunizations?

☐ YES ☐ NO

If YES, which ones?

Signature of licensed medical personnel_____

Printed_____Title_____

Address_____

Phone_____ Date_____

Please upload here, email to forms@kecamps.com, or fax to 877-829-5556.