



CAMPER HEALTH FORM SUPPLEMENT - Maryland Camps

Camper Name: _____ Camp Name/Location: _____

For campers who currently reside within the United States, a United States territory, or the District of Columbia:

Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? YES NO

For campers who reside outside the United States, a United States territory, or the District of Columbia:

Attach record of vaccination or immunity on Department form MDH-896*.

**MDH-896 can be obtained from KE Camps Directly*

Please fax to 877.829.5556 or email to forms@kecamps.com.