

**IMMUNIZATION FORM
TWIN SPRING FARM DAY CAMP**

Dear Parents,

To keep our campers safe we need a copy of every camper's immunization record. You may submit a copy of immunizations from the medical provider's office or the school that your child is currently attending. In addition you may request your child's medical provider to fill out our form below.

Camper Name: _____

Please give dates of immunizations against the following:

4 doses of Tetanus*: _____
(1 dose on or after 4th birthday)

4 doses of Diphtheria*: _____
(1 dose on or after 4th birthday)

3 doses of Polio: _____

2 doses of Measles**: _____

2 doses of Mumps**: _____

1 dose of Rubella**: _____

3 doses of Hepatitis B: _____

2 doses of Varicella (chickenpox) vaccine or evidence of immunity: _____

1 dose of MCV *** (meningococcal conjugate vaccine): _____

1 dose of Tdap*** (Tetanus, Diphtheria, Acclular Pertussis): _____
given if 5 years have elapsed since last tetanus immunization

* usually given as DTP or DT or Td

Date of last Tetanus booster: _____

** usually given as MMR

*** MCV and Tdap are s requirement for entry into 7th grade.

Please attach copy of COVID vaccine series/booster card

Medical Provider's Signature _____ Date _____

Address _____

Phone _____