



IMMUNIZATION RECORD

*Campers **MUST** receive all Massachusetts state required immunizations, or have medical/religious waiver on file, to attend Summer Activities

STUDENT NAME: _____ **DOB(m/d/y):** _____

<u>REQUIRED VACCINE</u>	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
DT / DTP / DTap (4 doses required, one dose after age 4)					
Tdap / Td (one dose required after age 7)					
Polio - tOPV / bOPV / mOPV / IPV (4 doses required, one dose after age 4)					
MMR / MMRV (2 doses required after age 1)					
Hepatitis B - (3 doses required)					
Varicella (2 doses required after age 1)			History of varicella disease, please write date of disease here: _____		
<u>NON-REQUIRED VACCINE</u>	The following vaccines are not required, but recommended.				
Hepatitis A					
Meningococcal ACWY					
Meningococcal B					
Human Papillomavirus (HPV)					
Pneumococcal Conjugate					
BCG					
Yellow Fever					

Physician's Printed Name: _____

Physician's Signature:(REQUIRED) _____

Date: _____