

# CAMP TRIUMPH 2010 IMMUNIZATION FORM

Please fill out form as completely as possible

## Areas:

**Danvers North Reading Bedford**

(Circle One)

Immunization history of \_\_\_\_\_

Name of camper

Date of Birth

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	
or		
Tetanus TD		
Diphtheria		
or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella		
Hepatitis B		
Other		
Tuberculin test results (most recent)	Circle: - / +	Date

Licensed physician's signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Date of Form Completion \_\_\_\_\_ \*By \_\_\_\_\_

\*Initial if completed by nurse or physician's assistant.

### Instructions for Doctor:

Please complete the above including the physician's signature and send immediately to:

Camp Triumph  
Main Office  
36 Woburn Street  
Reading, MA 01867  
(781) 942-9277  
FAX (781) 944-6535

Please return all forms and correspondence to our **Reading Address**