

IMMUNIZATION FORM

A camper cannot participate in camp without a copy of their immunization history.
Please provide the month and year for each immunization.
Asterisk (*) immunizations must be current.

Last Name

First Name

Camp(s) Attending: TIC/VA TIC/MD TIC/DC

IMMUNIZATIONS	Dose 1 Mo./Yr.	Dose 2 Mo./Yr.	Dose 3 Mo./Yr.	Dose 4 Mo./Yr.	Dose 5 Mo./Yr.	Most Recent Mo./Yr.
Diphtheria, Tetanus, pertussis* (Dtap) or (Tdap)						
Tetanus Booster* (dT) or (Tdap)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella <input type="checkbox"/> Had chicken pox (chicken pox) Date:						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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Please mail to: TIC Summer Camp, 4620 Dittmar Road, Arlington, VA 22207