



TOWN OF MILTON
BOARD OF HEALTH

Return to Camp Health Supervisor

MEDICAL INFORMATION: CAMP STAFF OVER AGE 18 YEARS

Name: _____ Sex: _____ D.O.B: _____

Address: _____ Current Age: _____

Date of Last Physical Examination: _____ [must be within 24 months for sports, residential, travel and trip camps]

REQUIRED IMMUNIZATIONS - list month and year

- 1. 2 doses measles vaccine _____
(unless born before 1957)
- 2. 1 dose mumps vaccine _____
(unless born before 1957)
- 3. 1 dose rubella vaccine _____
(unless born before 1957)
- 4. 1 TD booster (within 10 years): _____

SIGNIFICANT MEDICAL HISTORY - list dates: _____

ALLERGY PROBLEMS: _____

REQUIRED MEDICATIONS: _____

LIST HEALTH CONDITIONS OR IMPAIRMENTS WHICH MAY AFFECT ACTIVITIES WHILE ATTENDING CAMP: _____

STAFF SIGNATURE

DATE

PHYSICIAN SIGNATURE

[for sports, residential, travel & trip camps ONLY]