



TOWN OF MILTON
BOARD OF HEALTH

Return to Camp Health Supervisor

MEDICAL INFORMATION: CAMPERS & STAFF UNDER AGE 18 YRS

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

| | | | | |
|--|-------|-------|-------|-------|
| D.T.P. (4 doses) | _____ | _____ | _____ | _____ |
| Polio (3 doses) | _____ | _____ | _____ | _____ |
| Hepatitis B (3 doses) | _____ | _____ | _____ | _____ |
| M.M.R. (2 doses) | _____ | _____ | _____ | _____ |
| TD booster (1 dose while in Grades 7-12) | _____ | _____ | _____ | _____ |
| Varicella Vaccine or proof of disease | _____ | _____ | _____ | _____ |

SIGNIFICANT MEDICAL HISTORY - list dates: _____

ALLERGY PROBLEMS: _____

REQUIRED MEDICATIONS: _____

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

PARENT/ GUARDIAN SIGNATURE

DATE

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