

Camper Immunization Record

State Health and Safety regulations require that your child is up to date with age appropriate vaccinations as listed below.

Campers who aren't vaccinated won't be permitted on camp unless there is a bona fide medical or religious exception.

Name of camper	
Age of camper	
Date completed by Licensed Physician	

For more information email Info@lavnercamps.com

#	Immunization	Most Recent Dose – Month/Year
1	Diphtheria/Tetanus	
2	Haemophilus Influenza type B	
3	Hepatitis B	
4	Measles, mumps, rubella (MMR)	
5	Poliomyelitis	
6	Varicella (chicken pox)	
7	Has the camper recently been exposed to a contagious disease	Yes/No

I certify that this information accurately reflects the immunization history of the camper name listed above

Licensed Physician Name: _____

Licensed Physician Signature _____ Date _____

IMMUNIZATION EXEMPTION REQUEST

On religious, grounds, I request exemption for my child from all vaccinations and/or immunizations required for attendance at this camp

On medical grounds, I request exemption for my child from all vaccinations and/or immunizations required for attendance at this camp

Questions

(T) 888.854.2267 (e) Info@lavnercamps.com

Parent/Guardian Name _____

Signature _____ Date _____