



Immunization Record

Please use this form if not using a physician provided immunization record.

Camper Name _____ Date of birth ___/___/___

Required Immunizations.	Dose 1 Month/year	Dose 2 Month/year	Dose 3 Month/year	Dose 4 Month/year	Most Recent Dose Month/year
Diphtheria, tetanus, pertussis (Dtap or TdaP)					
Tetanus booster (dT or TdaP)					
Mumps, measles, rubella (MMR)					
Polio (IVP)					
Haemophilus influenzae type B (HIB)					
Pneumoccal (PCV)					
Hepatitis B					
Hepatitis A					
Varicella (chicken pox) Had chicken pox: Date:					
Meningococcal meningitis (MCV4)					
Tuberculosis (TB) Test	Date: _____		Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive		
Optional Vaccines					
COVID 19					
Influenza (Flu)					

To comply with NYS Department of Health regulations for summer camps (Subpart 7-2), families must provide an immunization record (updated annually) for each camper. Moreover, Cornell Cooperative Extension requires campers to be fully Immunized to attend. Only medical exemptions are accepted. I attest the information provided is accurate and understand and accept the risks to my child from not being fully immunized or vaccinated (optional vaccines).

Parent/Guardian Name: _____ Relationship to Camper _____

Signature: _____ Date: _____