

**SOUND VIEW CAMP
HEALTH HISTORY AND MEDICAL INFORMATION FORM Cont.**

Does this person wear an appliance for vision, hearing, dental correction or have prosthesis? Yes No
If yes, please explain: _____

Has the attendee been exposed to any communicable diseases within the past 30 days? Yes No
If yes, please explain: _____

For Female Campers: Has this camper menstruated? Yes No
Is her menstrual history normal? Yes No
Has she been given personal hygiene instructions
That relate to menstruation? Yes No
Please explain any special conditions relating to menstruation: _____

List any additional information about the attendee's behavior and physical, emotional, or mental health that staff should be aware of: _____

Immunizations

Is the camper exempt from immunizations due to religious or medical reasons? Yes No
If yes, due to medical reasons, a doctor's note will be required at check-in explaining the exemption.
If yes, for religious reasons, a note from the parent will be required at check-in explaining the exemption.

Enter the dates for the following immunizations:

Type	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP						
TD (Tetanus/Diphtheria)						
Tetanus						
Polio						
MMR						
Or Measles:						
Or Mumps:						
Or Rubella:						
Haemophilus Influenza B						
Hepatitis B						
Varicella (chicken pox)						

Parent/Guardian Signature:
The medical information for this person is complete and accurate. Parent/Guardian Signature required:

Parent/Guardian Signature _____
Date