

MIT Camp Health Form

If you are submitting your health provider's medical form, you do not need to submit this form.

Name of child: _____ Date of birth: _____

Parents' names & phone number during camp day: _____

Other emergency contact/phone: _____

A. Immunizations:

1. You must supply complete dates for all required immunizations.
2. Religious exception or medical exemption from these immunizations must be documented by parent or health care professional.

Required immunizations for camp attendance:

Measles (must be given age 1 year or older) measles vaccine, or combined MMR, 2 doses required:

Mumps (mumps vaccine or 1 MMR):

Rubella (rubella vaccine or 1 MMR):

Polio (minimum 3 doses):

Tetanus (DTP, DT, Td, DtaP: 4 doses required, plus a booster of TD if 10 years since last dose):

Hepatitis B (required if birthdate 1992 or later):

Tuberculosis testing or "low risk" assessment:

RECOMMENDED:

We STRONGLY urge vaccination for

Chickenpox or varicella: Had disease _____ or vaccine date _____

B. Medication child will be taking during the camp day:

1. The MIT medication form must be completed and signed by health care provider (see attached):
2. To arrange for medical care for a chronic illness during the camp day, please call (617) 253-1505. (Pat Bartels, Nurse Practitioner will return your call.)

C. Allergies (food, drugs, insect stings). List medications, complete medications form with health care provider.

D. Date of last complete physical (must be within 24 months): _____

Signature of Health Care Professional _____

(You may supply us with a signed physical form and immunizations list, or use this form with signature of health professional.)

Signature of Parent or Guardian

Date