



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]