

CAMP TRIUMPH IMMUNIZATION FORM

Please fill out form as completely as possible

Areas:
North Reading Bedford
 (Circle One)

Immunization history of _____

Name of camper

Date of Birth

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria	1	1
Pertussis (Whooping Cough)	2	2
Tetanus	3	
or		
Tetanus TD		
Diphtheria		
or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles, Mumps, Rubella		
Hepatitis B		
Other		
Tuberculin test results (most recent)	Circle: - / +	Date

Licensed physician's signature _____ Phone_(____)_____

Address_____

Date of Form Completion_____ *By_____

*Initial if completed by nurse or physician's assistant.

Instructions for Doctor:

Please complete the above including the physician's signature and send immediately to:

Triumph Center, Inc.
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 36 Woburn Street
 Reading, MA 01867
 (781) 942-9277
 FAX (781) 944-6535