

**COMMUNITY LIFESTYLE
SUMMER CAMP
IMMUNIZATION FORM**

THIS FORM MUST BE COMPLETED AND RETURNED TO COMMUNITY LIFESTYLE UPON REGISTRATION.

IMMUNIZATION RECORDS NEEDED! NO PHYSICAL NEEDED

Child's Name: _____ **Age** _____

****You must include your child's immunization records when returning this form, OR a statement from your physician that immunization is in progress****

Your Immunization Record must show that your child has been immunized against the following:

1. Diphtheria
2. Tetanus
3. Polio
4. Measles
5. Pertussis
6. Mumps
7. Rubella Haemophilus
8. Influenza Type B,
9. Pneumococcal (PCV)
10. Hepatitis B
11. Hepatitis A
12. Varicella (Chicken Pox)
13. Meningococcal Meningitis (MCV4)
14. Tuberculosis (TB)

I have attached my child's immunization record to this form:

Parent/Guardian Signature: _____ Date: _____