



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]