

Approved by CT-
American Academy
of Pediatrics

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPERS AND STAFF**
State of Connecticut
Physical Exams Are Valid For 3 Years
From Date of Last Examination
Approved by CT-American Academy of Pediatrics

State of Connecticut
Department of Public Health
Division Community Based Regulation
1-800-282-6063; (860) 509-8045

Camper
 Staff

Name _____ Date of Birth _____ Phone _____
Guardian _____ Address _____
Emergency Contact _____ Telephone _____
Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam _____

_____ May participate in all camp activities
_____ May participate except for: _____

Medical information pertinent to routine care and emergencies: _____

Is this individual taking prescription medication? YES NO
If yes, indicate prescription: _____

Does the individual have allergies? YES NO Explain: _____

Is the individual on a special diet? YES NO Explain: _____

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: _____

Print name of medical care provider: _____

Medical care provider's address: _____

Medical care provider's: City/Town _____ ST _____ Zip Code _____

Signature of Physician, APRN or PA

Date Form Signed

Telephone Number

CONNECTICUT IMMUNIZATION SCHEDULE

This chart shows acceptable age ranges for shots. Ask your health-care provider to tell you when your child should get shots. For *Immunization questions* only call 1-860-509-7929.

CHILD'S AGE	SHOT(S)
Birth - 2 months	Hep B #1 (hepatitis B)
1-4 months	Hep B #2 - at least 1 month after Hep B #1
2 months	DTP/DTaP/DT #1 (diphtheria, tetanus and pertussis), OPV/IPV #1 (polio), Hib #1 (Haemophilus influenzae type b) - DTP/Hib may be combined as Tetramune or ActHIB/DTP, DTaP-Hib is combined as Tri HIBit
4 months	DTP/DTaP/DT #2, OPV/IPV #2, Hib #2
6 months	DTP/DTaP/DT #3, Hib #3
6-18 months	Hep B#3, OPV/IPV #3
12-15 months	Hib #4, MMR #1 (measles, mumps and rubella)
12-18 months	Varivax (varicella/chickenpox vaccine) Children born after December 31, 1996
15-18 months	DTP/DTaP/DT #4
Before starting school (4-6 years)	DTP/DTaP/DT #5, OPV/IPV #4, MMR #2
11-12 years	Varivax (if your child has not had the chickenpox shot, and has never had chickenpox), Hep B (if your child has not had the hepatitis B shots), MMR #2 - A second dose of measles is required for entry into 7th grade
11-16 years	Td (tetanus, diphtheria)

*Effective August 29, 1996, Hepatitis B vaccine is required for all enrolled children born after December 31, 1993.

Required Immunizations - Must be given by the end of the stated month of life listed under "CHILD'S AGE". For example, immunizations required at two months must be given prior to the child turning three months in order for the child to continue in the program.