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MEDICAL FORM

CHILD'S NAME _____

BIRTHDATE _____ HEIGHT _____ WEIGHT _____

EYES _____ EARS _____ NOSE _____

THROAT _____ HEART _____ LUNGS _____

DPT (dates) _____

POLIO (dates) _____

RUBELLA (dates) _____

MEASLES (dates) _____

MUMPS (date) _____

TUBERCULIN (date) _____

HEPATITIS B (date) _____

HIB (date) _____

VARICELLA (born on or after 1/1/2000) _____

ALLERGIES _____

SPECIAL REMARKS _____

DOCTOR'S SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

THIS MEDICAL FORM MUST BE COMPLETED AND SIGNED BY YOUR DOCTOR
BEFORE YOUR CHILD CAN ATTEND SUMMER CAMP.