

YOUTH CAMP IMMUNIZATION RECORD

Camper Name: _____ Birthdate: _____

Please Indicate All Known Dates of Immunization or Illness, or have your health professional provide.

Vaccine	Type of Vaccine 1	Date given (mo/day/yr)	Source (S or P) 2	Site 3	Route (IM, SC, IN or Oral)	Vaccine	Vaccine Information			Results: Positive/Negative.
						Lot #	Mfr.	Date on VIS 4	Date given/Initials	
Diphtheria, Tetanus, Pertussis (e.g. DTaP, DTaP-Hib, DTaP-HebB-IPV, DT, Tdap, Td) Route IM.										
Polio (e.g., IPV, Dtap-HebB-IPV) IPV Route SC or IM DtaP-HebB-IPV Route IM.										
Measles, Mumps, Rubella (e.g., MMR, MMRV) Route SC.										
Haemophilus influenzae type b (e.g., Hib, Hib-HebB, DTaP-Hib) Route IM.										
Hepatitis B (e.g., HepB, Hib-HebB, DTaP-Hib) Route IM.										
Varicella (e.g., Var, MMRV) Route SC.										
Pneumococcal (e.g., PCV, conjugate; PPV, polysaccharide) PCV Route IM. PPV Route SC or IM.										
Rotavirus (Rv) Route Oral Never given after 32 weeks of age										
Hepatitis A or C (HepA, HepC) Route IM.										
Human Papillomavirus (HPV) Route IM.										
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide) MCV4 Route IM. MPSV4 Route SC.										
Influenza (e.g., TIV, inactivated; LAV, live attenuated) Route TIV IM. Route LAIV IN.										
TB Mantoux Test										
Other										