



2011 Membership Beach Immunization History Form

80 Carby St, Westwood, MA 02090 Tel (781) 326-1770 Fax (781) 326-0676 www.HaleReservation.org

Each staff and camper at Hale Reservation is required to have a Certificate of Immunization on record, signed, and dated by a physician or designee. **We will accept forms generated directly from a physician's office or the completed form below.**

Camper or Staff Name _____ Birth Date _____

Address: _____
Street & Number
City
State
Zip

Immunization History: Please record date (month and year) of immunizations and recent boosters.

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP/DTaP/DT						
Td (tetanus/diphtheria)						
Tetanus						
Polio						
MMR						
or Measles						
or Mumps						
or Rubella						
TB Mantoux Test			Result: (circle one)		Positive	Negative
Haemophilus influenza B						
Hepatitis B						
Varicella (chicken pox)						

Licensed Physician's Signature: _____

Date of Examination: _____