

Camp Quest Camper Immunization Record

****NOTE**** An Immunization Record provided by a clinic may be used in place of this form.

Camper Name _____

Birthdate _____

Parent: Enter the MONTH, DAY, and YEAR for all vaccines your child received or MED for vaccines that are medically contraindicated.

MED: Medical contraindication to immunization, history of disease, or laboratory evidence of immunity.

Type of Vaccine	DO NOT USE (✓) or (✗)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTap, DTP)						
Diphtheria and Tetanus (DT) ‡_ for 6-year-olds and younger						
Tetanus and Diphtheria (Tdap, Td) ‡_ for 7-year-olds and older						
Polio (IPV, OPV)						
Measles, Mumps, and Rubella (MMR) ‡_ minimum age: on or after 1st birthday ‡_ required for kindergarten and 7th grade						
Hepatitis B (hep B) ‡_ required for kindergarten and 7th grade						
Varicella (chickenpox) ‡_ minimum age: on or after 1st birthday ‡_ vaccine or disease history required for kindergarten and 7th grade						
Recommended						
Meningococcal (MCV, MPSV)						
Human Papillomavirus (HPV)						
Hepatitis A (hep A)						

Additional exemptions:

- ‡_ **Children less than 7 years of age:** The 5th dose of DTaP/DTP/DT (similarly, the 4th dose of polio vaccine) is not necessary if the 4th DTaP/DTP/DT (3rd dose of polio) was administered after the 4th birthday.
- ‡_ **Children 7 years of age and older:** A history of 3 doses of DTaP/DTP/DT/Td/Tdap and 3 doses of polio vaccine meets the minimum requirements of the law.
- ‡_ **Campers in grades 7-12:** A Td or Tdap booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose.
- ‡_ **Campers 11-15 years of age:** A 3rd dose of hepatitis B vaccine is not required for students who provide documentation of the alternative 2-dose schedule.
- _ **Campers 10 years or older:** May receive Tdap to fulfill the Td requirement for students in grades 7-12.

Camper Name _____

BOX 1: Certifying Immunization Status

BOX 2: Medical Exemptions

1. Choose one of the following to indicate camper's immunization status and the source of the information above:

A. I certify that this camper has received all immunizations required by Camp Quest.

Signature of parent/guardian or physician/public clinic

Date

B. I certify that this camper has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K and 7th), varicella (K and 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

Signature of physician/public clinic

Date

2. Exemptions to Camp Quest of Minnesota Immunization Rules

A. Medical exemption:

No camper is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a camper to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement:

I certify the immunization(s) listed below are contraindicated for medical reasons; laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed. (For varicella disease see * below.)

Exempted immunization(s):

Signature of physician/nurse practitioner/physician assistant

Date

*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____.

Year

Signature of physician/nurse practitioner/physician assistant