simcoe muskoka DISTRICT HEALTH UNIT

SIMCOE MUSKOKA DISTRICT HEALTH UNIT - RECREATIONAL CAMP IMMUNIZATION DOCUMENTATION - CAMPERS

Name of Camp:	
Camp Contact (Name & Number) :	

Camper Identification						Immunization Information				
Camper # (sequentially)	Name (LAST NAME, first name)	Cabin Number	Sex (M, F, X)	Date of Birth (yy/mm/dd)	Parent/guardian Name & Phone #	Immunization Date #1 (yyyy-mm-dd)	Immunization Date #2 (yyyy-mm-dd)	Confirmation of Measles Antibodies (immunity) (yyyy-mm-dd)	Not immunized (0 doses on file)	Unknown
1			Select							
2			Select							
3			Select							
4			Select							
5			Select							
6			Select							
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19			Select							
20			Select							