

Camper's Full Name _____

Camper's Date of Birth _____

Camper Immunization Form

THIS FORM TO BE COMPLETED BY A PHYSICIAN

To coincide with N.C. law for school enrollment: UNC Football Camps require the following Immunizations:

*DTP / DTaP / DT					
**dT / TdaP					
*Polio (IPV/OPV)					
***Hib					
****Hepatitis B					
*MMR (Combined doses)					
*****Chicken Pox					
**Meningococcal					

*Required by NC State law
**Required by State law If child is 12 years or older
***Required by State law for Children born on or after 10/01/88
****Required by State law for children born on or after 07/01/94
*****Required by State law for children born on or after 04/01/01

Date of most recent PPD (Mantoux) Test _____
Test results _____
(If indicated according to AAP recommendations in the Red Book)

Recommended immunizations received in addition to those above required:

Pneumococcal					
HPV					
Hep A					
BCG / IPPD					

Print or Stamp
Physician's name
Address
Phone Number

My signature indicates I have reviewed this form as well as examined this patient on _____. (Date of Exam)
(Within 12 months of arrival at Camp)

Signature of Physician _____