

8. Was the applicant immunized against the following? If so, when? **Bring a copy of immunization records to camp.**

Most Recent

MMR #1 _____ MMR #2 _____ Tetanus _____ Pertussis _____ TB skin test _____

Hep B Vaccine #1 _____ Hep B Vaccine #2 _____ Hep B Vaccine #3 _____

9. Do you have any recommendations in relation to the above information that should be followed during the camping period?

10. Are there any current health conditions requiring medication, treatment or special considerations while at camp?

RESTRICTIONS: (Explain in detail)

Diet _____

Swimming _____

Strenuous Exercise _____

Other Restrictions _____

ANY FURTHER RECOMMENDATIONS: _____

Physician's Signature: _____, M.D. Date: _____

Print Physician's Name: _____

Physician's Phone Number: (____) _____

All forms should be mailed to: Wisconsin Badger Camp, PO Box 723, Platteville, WI 53818 or brought to camp on the first day of employment.

Thank you for your cooperation.