

Name: _____

Date of Birth: _____

IMMUNIZATIONS

Please have your child's primary healthcare provider complete this form.
You may also use an official department of health or state immunization record from your healthcare provider.

Once complete, scan and upload the document to your CampDoc.com account.
Keep the original copy from your own records

Immunization History: Full immunization dates are required by the Texas Health Department (MM/DD/YYYY).

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Covid-19	_____	_____	_____		
Diphtheria, tetanus, pertussis	_____	_____	_____	_____	_____
Tetanus Booster (dT or Tdap)	_____				
Mumps, measles, rubella (MMR)	_____	_____			
Polio (IPV)	_____	_____	_____	_____	
Haemophiles influenzae type B (HIB)	_____	_____	_____	_____	
Pneumococcal (PVC)	_____	_____	_____	_____	
Hepatitis B	_____	_____	_____		
Hepatitis A	_____	_____			
Varicella (Chicken Pox)	_____	_____	___ Had Chicken Pox?	Date: _____	
Meningococcal meningitis (MCV4)	_____				
Seasonal Influenza	_____				
TB Test	_____	___ Negative	___ Positive		

___ Yes ___ No Is this patient fully immunized based on age requirements? If you check "No" your are required to complete and upload an "Immunization Exemption Request" form for your camper's CampDoc.com account. This form is located at www.gsnetx.org/campforms.

Printed Name Relationship to Patient

Signature Date

Physician Authorization:

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Name of Licensed Provider

Signature Date