

Summer Arts at The Cambridge School of Weston 2018

International Creative Arts Program: Student Immunization Record*

Name: _____ DOB _____
 Gender _____

Vaccine	1	Date Administered/Vaccine Type
Diphtheria/Tetanus/Pertussis (e.g. DTaP, DTP, TD or Dtap-Hib)	1	
	2	
	3	
	4	
	5	
Tetanus booster- within last 5 years (e.g. Td, Tdap)	1	
Meningococcal Conjugate- at least one dose (e.g. MCV4; MPSV4)	1	
Measles, Mumps, Rubella (MMR) (OR serologic proof of immunity, please attach)	1	
	2	
Varicella- if no history of disease (e.g. Var, MMRV) OR date of disease (OR serologic proof of immunity, please attach)	1	
	2	
Hepatitis B (e.g. HepB, Hep-Hib, or_DTap-HepB-IPV) (OR serologic proof of immunity, please attach)	1	
	2	
	3	
Polio (e.g. IPV, OPV, _Dtap-HEpB-IPV)	1	
	2	
	3	
	4	
	5	
Other	1	
	2	

Signature of Physician _____ Date _____

Printed Name _____ Facility Name _____

*The following immunizations are required by Summer Arts for residential camp attendance: complete DTaP series **including a Td/Tdap booster within the last 5 years**; complete Hepatitis B series OR serologic proof of immunity; complete MMR series OR serologic proof of immunity; complete Polio series; Meningococcal Vaccine; complete Varicella series if no history of Chicken Pox OR serologic proof of immunity

This form must be completed by a physician and submitted to Summer Arts by May 1st 2018.

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<http://summerarts.csw.org>

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