



Information Regarding Immunizations

Dear Staff Member / Volunteer

The state of Massachusetts require our staff members and volunteers aged 18 and older to have and provide evidence of the following immunizations:

MMR	2 doses , anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	2 doses , anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	1 dose ; Td should be given if it has been ≥ 10 years since Tdap
Hepatitis B	3 doses for staff whose responsibilities include first aid ; laboratory evidence of immunity is acceptable

The deadline for submitting proof of immunizations is **10 days before your start date.**

1. If you are returning to camp, please contact the camp office to see if the required information is currently held on our system from previous years.
2. To prove immunization, a licensed healthcare provider can complete the Immunization Record Form enclosed, or you can obtain a copy of your vaccination record from your health care provider. There are three options for submitting this information:
 - A. Provide a copy of your records to our online system:
<https://grotonwood.campintouch.com> by scanning and uploading the forms
 - B. Fax to (978) 448 0025
 - C. Email office@grotonwood.org
3. Upon receipt, our nurses will be in touch to confirm receipt and follow up on any queries. If you have any questions do not hesitate to contact the office at 978-448-5763 or office@grotonwood.org.

Whilst we appreciate these requirements are time consuming and, lets face it, pretty inconvenient, they are a legal requirement and ensure we run a compliant, safe and well regulated summer camp. I thank you for your cooperations with this and look forward to seeing you soon!

Breeze Everitt
Director of Summer Camping

Exemptions

The following exemptions may be allowed:

1. Religious Exceptions

If you have religious objections to physical examinations or immunizations, you may submit a written statement, signed by yourself, to the effect that you are in good health and stating the reason for such objections.

2. Immunization Contraindicated

Any immunization specified shall not be required if the Health History Form includes a certification by a physician that he or she has examined you and that in the physician's opinion the physical condition of yourself is such that your health would be endangered by such immunization.

Immunizations Record Form

Part 1 – Staff / Volunteer Information

Your Name

Date of Birth

Sex:

Parts 2 to 6 are to be completed by a Healthcare provider.
All dates must include MONTH, DAY and YEAR.

Part 2 – Measles, Mumps, Rubella

Staff members and Volunteers born on or before January 1, 1957 will not have to provide immunity for MMR

MMR #1 Date of Vaccine

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(must be given on or after 12 months of age/first birthday)

MMR #2 Date of Vaccine

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(must be given at least 28 days after MMR #1)

OR

If individual vaccines were received for Measles, Mumps, and Rubella, please complete the following:

Measles (Rubeola) Vaccine

Date of Vaccine #1

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Date of Vaccine #2

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Rubella (German Measles) Vaccine

Date of Vaccine #1

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Date of Vaccine #2

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Mumps Vaccine

Date of Vaccine #1

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Date of Vaccine #2

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If proof of vaccine cannot be provided, you must obtain a **blood titer** to confirm immunity of all of the above.

GROTONWOOD



GROTON, MA

Part 3 - Tetanus/Diphtheria/Pertussis (DPT,DTP,DT,DTap,Td or Tdap)

Date of Vaccine # 1	<input type="text"/>	Type of vaccine, please circle: DPT, DTP, DT, DTap, Td or Tdap
Date of Vaccine # 2	<input type="text"/>	Type of vaccine, please circle: DPT, DTP, DT, DTap, Td or Tdap
Date of Vaccine # 3	<input type="text"/>	Type of vaccine, please circle: DPT, DTP, DT, DTap, Td or Tdap
Date of Vaccine # 4	<input type="text"/>	Type of vaccine, please circle: DPT, DTP, DT, DTap, Td or Tdap

Part 4 - Varicella (Chicken Pox)

Date of Vaccine # 1	<input type="text"/>
Date of Vaccine # 2	<input type="text"/>

Or

Camper has previously had Chicken Pox	<input type="checkbox"/>
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Part 5 Hepatitis B

Only for those whose responsibilities include first aid - please check with the office if you're unsure.

Date of Vaccine # 1	<input type="text"/>
Date of Vaccine # 2	<input type="text"/>
Date of Vaccine # 3	<input type="text"/>

Part 6 - Healthcare Provider Certification

Providers Signature	<input type="text"/>
Providers Printed Name	<input type="text"/>
Address	<input type="text"/>
Phone Number	<input type="text"/>