



Immunizations Record Form (Aged 18+)

Camper's First & Last Name D.O.B

The state of Massachusetts require campers aged 18+ to have, and provide evidence of the following immunizations:

The deadline for submitting proof of immunizations is **10 days before the chosen session start date.**

1. If the camper is returning to camp, please contact the office to see if the required information is currently held on our system from previous years.
2. A copy of the applicant's vaccination record from their healthcare provider is acceptable. Alternatively, you may download a template of the Immunization Record Form from our website and request a licensed healthcare provider to complete it.
3. There are four options for submitting this information:
 - Upload a PDF document to your camper's online profile.
 - Fax to (978) 225-2745.
 - Email office@grotonwood.org.
 - Mail to 167 Prescott St, Groton MA 01450.
4. Upon receipt, our nurses will review the documents and follow up on any queries. If you have any questions do not hesitate to contact the office at (978) 448 5763 or email office@grotonwood.org.

To be completed by a Healthcare provider. All dates must include MONTH, DAY and YEAR.

Varicella (Chicken Pox)	For 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*	
	2 doses; first dose must be given on or after the 1 st birthday, and 2 nd dose must be given ≥28 days after dose 1.	
	Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)
*A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.		

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TDAP	1 dose; Td booster should be given if it has been ≥10 years since Tdap.	
	Dose 1 (MM/DD/YY)	
MMR	2 doses, for 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 first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥28 days after dose 1; laboratory evidence of immunity acceptable.	
	Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)
Complete the following ONLY if individual vaccines were received for Measles, Mumps, and Rubella:		
Measles (Rubeola) Vaccine	Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)
Rubella (German Measles) Vaccine	Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)
Mumps Vaccine	Dose 1 (MM/DD/YY)	Dose 2 (MM/DD/YY)
If proof of vaccine cannot be provided, a camper must obtain a blood titer to confirm immunity of all of the above.		

Healthcare Provider Certification

Provider's Printed Name		Phone	
Provider's Signature		Date	
Health Center Address			

Thank you for completing this form.