# Western New England Basketball Camp

## MEDICAL HISTORY FORM

**PHYSICAL EXAMINATIONS:** (**Must be in the preceding 24 months and done by a Medical Provider.)**

**MEDICAL HISTORY:** (Please note significant disorders.)

Allergies ____ Heart ____ Tuberculosis ____ Kidney ____ Lung ____ Diabetes ____

Varicella ____ Disabilities ____ Neurological ____ Whopping Cough ____

Other ____

**PERTINENT MEDICAL HISTORY:**

**NAME: _____ BIRTH DATE: _____**

**Summary of Significant Treatment Program including Name/Dose of Medications to be used while at the program:**

**(Medications MUST be in a container with the original label).**

**HEALTH CARE PROVIDER/PHYSICIAN**

_____ (Physicians Signature and/or Stamp Required)

**DATE: _____ PRINTED NAME: _____**

**ADDRESS:** _____
(Street) (City) (State) (Zip)

**TELEPHONE:** _____

Person herein described has permission to engage in all prescribed Camp activities EXCEPT as noted here:

(OVER)

**IMMUNIZATIONS:**

Has completed primary series of tetanus.diphtheria? Yes ___ No ___

| | **DATES:** |
|---|---|
| Primary Series -- Type of Vaccine OVP IPV E-IPV | ___/___/___ |
| Laser Booster -- Type of Vaccine OVP IPV E-IPV | ___/___/___ |
| Diptheria/Tetanus (Td) (Must be within last 10 years) | ___/___/___ |
| Measles #1 (Rubeola, Red Measles) (Must be AFTER age 12 months) or MMR #1 | ___/___/___ |
| OR | |
| Positive Measles Titer (Blood Test) | ___/___/___ |
| Measles #2 (Rubeola, Red Measles) (Must be at least 30 days AFTER #1 Dose) or MMR #2 | ___/___/___ |
| Mumps or MM #1 (Must be AFTER age 12 months) | ___/___/___ |
| OR | |
| Positive Mumps Titer (Blood Test) | ___/___/___ |
| Rubella (German Measles) or MMR #1 (Must be AFTER age 12 months of Positive Rubella Titer) (Blood Test) | ___/___/___ |
| Hepatits B (Those born AFTER 1/01/02) | |
| Dose #1 | ___/___/___ |
| Dose #2 | ___/___/___ |
| Dose #3 | ___/___/___ |

**MEDICAL EXEMPTION:** The above-named person does not have one or more of the required immunizations because she/he has medical problem(s) that precludes the _____ vaccine(s).

According to Massachusetts General Law 105 CMR 430.00, All CAMPERS MUST SUBMIT, IN COMPLETION BOTH SIDES OF THIS HEATH FORM.