Camp Cedar Doctor Vaccination 2024

Name of Camper _____ **Date of Birth** _____

Dear Medical Provider,

You are being asked to recommend a camper for participation in a seven week, sleep-away camp program. Camp Cedar is a summer camp for boys aged 8-15 years, located in Casco, Maine. Our program is largely sports and activity oriented. While there is opportunity for highly competitive boys to really push themselves, the emphasis is on teamwork, sportsmanship and athletic development. Our activities include: swimming, diving, water-skiing, basketball, lacrosse, soccer, baseball, ropes and rock climbing, tennis, wrestling and hiking, and others. Our terrain is hilly and we are in the woods in southern Maine. The cabins are not air-conditioned and the boys are routinely exposed to insects, pollens, trees, molds, heat and humidity. If you require any further information about Camp Cedar, or our program before making a recommendation for this camper to participate, please feel free to contact us at: 617-277-8080 during the winter/spring. **After June 1st, we may be contacted at: phone 207 627-4266, fax 617-608-5007**.

IMMUNIZATION HISTORY – Please provide the month and year for each immunization or attach another sheet.

Immunization	**Dose 1**	**Dose 2**	**Dose 3**	**Dose 4**
Diptheria, Tetanus, Pertussis - DTP				
Booster: Tetanus, Diptheria, Acellular Pertussis - Tdap		Must be current within last 5 years		
Meningococcal Vaccine (when recommended by your doctor)		Usually given at 11-12 years of age		
Measles, Mumps, Rubella - MMR			2 doses required for camp	
Pneumococcal Polysaccharide Vaccine - PPV				
Inactivated Poliovirus - IPV / OPV				
Hepatitis A - HepA				
Hepatitis B - HepB				
Haemophilus influenza, type B - Hib				
Varicella - VZ				
Covid - Vaccine				
- Please mention vaccine brand name				

MEDICAL RECOMMENDATION

Please note a recent set of baseline Vital signs and any physical findings.

Based on the information presented to me and upon my examination of this child, I recommend him for camp participation. To the best of my knowledge, he has not been exposed to a communicable disease within the last 30 days of my examination.

_____ _____

Signature Date

_____ _____

Printed Name Phone

_____

Address