



Biological Discovery in Woods Hole

### MBL Children's Program Medical History Form (2 Pages)

This form must be signed as proof of physical examination within the past 24 months.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Please check if child has had the following:

Frequent Ear Infections  Heart Condition  Seizures/Epilepsy  Diabetes  Asthma  Bleeding/Clotting Disorders

Hypertension  Mononucleosis  Lyme Disease  Chicken Pox  Measles  German Measles  Mumps

Tuberculosis  Other: \_\_\_\_\_

Please list child's allergies (food, drug, plant, insect, etc.):

\_\_\_\_\_  
\_\_\_\_\_

I have examined the above camp applicant within the past 24 months. Date of examination \_\_\_/\_\_\_/\_\_\_

In my opinion, the child listed above is able to participate in an active camp program with  no limitations **OR**

In my opinion, the child listed above is able to participate in an active camp with the following limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This child is under the care of a physician for the following condition(s): \_\_\_\_\_

\_\_\_\_\_

Current treatment and/or medication(s): \_\_\_\_\_

\_\_\_\_\_

Recommendations or restrictions while at camp? Please indicate any treatments, medications (must be in original container), dietary restrictions, etc.:

\_\_\_\_\_

**Immunization History**

The MBL requires the child’s immunization history in order to begin camp. Please have your child’s physician complete the following and indicate the month and year of immunization. In lieu of this section, a photocopy of the child’s immunization history from his/her physician is acceptable, as long as it lists and dates all necessary immunizations.

**MMR:** A minimum of one does of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine must be given at least four weeks after the first.

MMR #1 \_\_\_\_\_ MMR #2 \_\_\_\_\_

**Polio Vaccine:** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed IPV and OVP schedule was used, four doses are required.\*

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4\* \_\_\_\_\_

**DTaP/DTP/DT/Td:** Four doses are required.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

A **Td booster** is required every 10 years. Date of last booster \_\_\_\_\_

**Hepatitis B:** For all children born on or after 01/01/1992, three doses required.

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**Emotional/Behavioral History**

As the child’s physician, is there anything that you feel might prevent the child from having a successful experience at the MBL’s Summer Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Licensed Physician**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Date form Completed**