Last Name		First Name	Birth Date		Ema	Upload: to your camp account OR Email: forms@campdoragolding.com			CAME	DORA GOLDING
Camp Dora Go	's Page Mail: 55			ail: 5515 N	B) 437-7644 OR 5 New Utrecht Ave. oklyn, NY 11219			HE PLACE TO BE		
Immunization Type	Immunizations: Date Basic Series Completed	Most Recent Booster		Physical Exam:						
DTaP / TDaP			Height	Weight	Pulse	Blood Pr	essure	Hct/Hgb.	Test	Urinalysis
Tetanus			Holght	Wolgitt	1 0.00	Diood 11	000410	1109 11851	1000	Cimalyolo
MMR			Eyes	<u> </u>			Lungs			
IPV			Glasses				Abdom	en		
HIB			Ears				Genita			
PCV			Nose				Hernia			
Hepatitis B			Throat				Extrem	ities		
Hepatitis A			Heart				Posture	e (Spine)		
Varicella			Neuro				Skin			
Meningococcal			General Appraisal:				Medicatio	ns:		
H1N1										
Flu Shot										
If any of the immunizations ab	ove have not been received, pleas	se explain why:								
	Allergies:				Recommendations:					
I have examined the abo	ve patient. Date Examined:	In my op	oinion his condit	ion 🗆 does	/ □ does no	ot allow p	articipat	ion in an a	ctive ca	amp program.
Exceptions:										
Physician's Name: Physician's Signature: Date: Phone #: () –										