

# TIC Immunization Form

Please complete and send this form immediately to: TIC Summer Camp, 3715 Camelot Drive, Annandale, VA 22003,  
 Fax: 703-995-4681 or Scan & Email: forms@ticcamp.com

Camper's Last Name	Camper's First Name	Nickname	Gender	Birth Date	Age at camp as of 6/20/17
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Parent/Guardian Full Name	Home Number	Work Number	Cell Number
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Parent/Guardian Local Address (Street, City, State & Zip)

IMMUNIZATIONS	Dose 1 Mo./Yr.	Dose 2 Mo./Yr.	Dose 3 Mo./Yr.	Dose 4 Mo./Yr.	Dose 5 Mo./Yr.	Most Recent Mo./Yr.
Diphtheria, Tetanus, pertussis* (Dtap) or (TdaP)						
Rotavirus						
HPV						
Tetanus Booster* (dT) or (TdaP)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenzae type B (Hib)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella <input type="checkbox"/> Had chicken pox (chicken pox) Date <input type="text"/>						
Meningococcal meningitis (MCV4)						
Tuberculosis (TB) test	Date: <input type="text"/>	<input type="checkbox"/> Negative		<input type="checkbox"/> Positive		

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

**Medical Contraindication:**

The above child has a valid medical contraindication to being immunized at this time.

Check appropriate box, indicate vaccine(s) and reasons below. This is a  permanent condition  temporary condition until: date

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Medical Provider / LHD Official

**Religious Objections:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_