

VIII MASSACHUSETTS IMMUNIZATION CERTIFICATION

The following section must be reviewed by the **examining physician** and signed before entry into camp.

105 CMR 430.155: Required immunizations

Written documentation of immunizations or alternative proof of immunity shall be required for all campers and staff members (paid or volunteer) at recreational camps for children as follows::

- (A) For campers and staff under 18 years of age:
- (1) Measles, Mumps And Rubella (MMR) Vaccine at least one dose of MMR Vaccine(s) must be administered at /or after 12 months of age or there must be proof of laboratory evidence of immunity. In addition ,a second dose of measles vaccine is required. Both doses of measles vaccine must be given one month apart, and be given at or after 12 months of age, or laboratory evidence of immunity
 - (2) Polio Vaccine:
At least 3 doses of either trivalent oral polio vaccine (opv) or enhanced potency injectable polio vaccine (e-ipv) are required
 - (3) Diphteria, Tetanus Toxoids & Pertussis Vaccine:
At least four doses of DTP/DT/Td are required (The pertussis component is not given to anyone seven years of age or older.) A booster dose of tetanus/ diphtheria, adult type toxoid (Td) is required if more than 10 years has elapsed since the last dose.
 - (4) Hepatitis B: Effective January 1, 1999, for all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

(B)

For campers and staff 18 years of age or older:

(1) Measles Vaccine:
Unless born before 1957, two doses of live measles containing vaccine administered at/or after 12 months of age (at least one month apart) are required, or proof of laboratory evidence of immunity to measles.

(2) Mumps Vaccine:
Unless born before 1957, at least one dose of mumps vaccine administered at/or after 12 months of age or proof of laboratory evidence of immunity to mumps.

(3) Rubella Vaccine:
At least one dose of rubella vaccine administered at or after 12 months of age or proof of laboratory evidence of immunity to rubella.

(4) Diphteria and Tetanus Toxoids :
At least 3 doses of DT/Td are required. A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than 10 years have elapsed since the last dose.

* Laboratory evidence of immunity to disease indicated may be substituted for the requirement.

HEALTH CARE PROVIDER CERTIFICATION

I hereby certify that I have reviewed the above standards and the medical record of _____
I find that this applicant is in compliance with the standards.

Signature

Title

Date

REVIEW FOR CAMP OR SPECIAL ACTIVITY

DATE	AGENCY AND ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

INTERVAL RECORD

(CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC.)

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.	BY: