Boys and Girls Club – Participant MEDICAL FORM

Post Office Box 311, Marshfield, MA 02050, (781) 834-2582

NOTE: You may attach your doctor's form to ours.

Please Print, Thank you!

BOYS & GIRLS CLUB of Marshfield FAMILY CENTER Great Futures Start Here

Name: _____

Address: _____ Town _____

Birth: ___/____/____ Zip Code _____

Phone: (_____) _____-_____ Date of Last Physical Exam ___/___/____

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		**Haemophilus influenza type b** (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT,	1			4	
	2		**Measles, Mumps, Rubella**	1	
DTaP-Hib, DTaP-HepB-IPV, Td)	3		(MMR)	2	
	4		**Varicella**	1	
	5		(Var)	2	
	6		**Hepatitis A**	1	
	7		(HepA)	2	
Polio (e.g., IPV, DTaP-HepB-IPV)	1		**Pneumococcal Polysaccharide** (PPV23)	1	
	2			2	
	3		**Influenza**	1	
	4		Inactivated (Intramuscular) or	2	
Pneumococcal Conjugate (PCV7)	1		Live (Intranasal)	3	
	2		**Other:**		
	3				
	4				

PHYSICAL LIMITATIONS (if any):

COMMENTS (if any):

_____ _____ _____

Doctor's Signature Phone Date

_____ _____ _____

Parent's Signature Phone Date