


SUDBURY PARK & RECREATION

PHYSICAL & IMMUNIZATION REQUIREMENTS

EACH PARTICIPANT MUST PROVIDE A RECORD OF THEIR MOST RECENT PHYSICAL EXAM AND IMMUNIZATIONS DATED WITHIN THE PAST 18 MONTHS. **PLEASE UPLOAD YOUR CHILD'S PHYSICAL AND IMMUNIZATION FORM PROVIDED BY YOUR DOCTOR'S OFFICE. WITHOUT UPDATED MEDICAL FORMS, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE, PER BOARD OF HEALTH REGULATIONS.**

105 CMR 430.000 - All camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Town of Sudbury Board of Health. The Park and Recreation Department's first concern is the safety of the children who participate in our programs. Copies of background checks, health care and discipline policies, as well as procedures for filing grievances are available upon request from our vendors.


FLORIDA CERTIFICATION OF IMMUNIZATION
Legal Authority: Sections 190.022, 482.005, 482.010, Florida Statutes; Rule 64B-3.000, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SEX (optional)		STATE IMMUNIZATION ID# (optional)

Directions:

- Enter all appropriate dates and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-812, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2019) for information and instructions on form completion. Guidelines are available at: www.floridadoh.com/documents/150-812.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DT	A					
DT	B					
Tdap	F					
Td	G					
Polio	H					
Hib	I					
MMR (Combined)	J					
(Separate)	K, L					
		Mening (dose 1)	Mening (dose 2)	Mening (dose 3)	Mening (dose 4)	
		Neisseria (dose 1)	Neisseria (dose 2)			
Hepatitis B	M					
Varicella	N					
Neisseria Gonorrhea	O					
Pneumococcal	P					

Select appropriate box(es)
Certificate of Immunization for K-12

Part A-Complete

☐ DOE Code 1: Immunizations are complete K-12 (Excludes 7th grade/school requirements)

☐ DOE Code 2: Immunizations are complete for 7th grade

I have reviewed the record on this form, and to the best of my knowledge, the above named child has satisfactorily been immunized for some/all of the above, as documented below.

Temporary Medical Exemption Expiration date: _____

☐ **Part B-Temporary**

Part B (For children in daycare, family day care, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Indicate final expiration date.** (DOE Code 3)

I certify that the above named child has received the immunizations documented on this form and that schedule is complete. The required immunization schedule is not medically indicated at this time.

Permanent Medical Exemption

☐ **Part C-Permanent**

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) (DOE Code 5)

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____ Physician or Authorized Signatory: _____
Served By: _____
Date: _____

DH Form 150-812 (07-19) State of Florida 150-812-0000-0