



# Escape the Everyday

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Please record the most recent date (month/year) of basic immunizations:

TETANUS DATE \_\_\_\_\_ POLIO DATE \_\_\_\_\_ MMR DATE \_\_\_\_\_ DTP DATE \_\_\_\_\_  
TB DATE \_\_\_\_\_ OTHER DATE \_\_\_\_\_

**CHECK ALL THAT APPLY**

- Frequent Ear Infection  Epilepsy  A.D.D. or A.D.H.D
- HIV Positive  Hay Fever  Convulsions  Chicken Pox  Diabetes
- Heart Defect/Disease  Measles  Insect Stings  Bleeding/Clotting Disorder
- German Measles  Penicillin  Mononucleosis  Mumps  Asthma
- Hypertension  Bed wetting  Medicine  Psychiatric Treatment

Note: Immunizations are not required to attend Backcountry Unlimited