



2019 TAYC Junior Sailing Program - Sailor Health History

Sailor's Name: _____

The following information is required for each sailor to participate:

SAILOR IMMUNIZATION INFORMATION

All sailors must be current on all immunizations.

1. Provide date (month and year) of sailor's last tetanus (or DTP) shot: _____
2. Is the sailor currently enrolled in a Maryland school, public or private?
 YES, provide name of Maryland school: _____
 NO, provide a copy of immunizations confirming that the sailor has received all immunizations as required by the [Maryland DHMH Recommended Childhood Immunization Schedule](#).
3. Is the sailor exempt from any immunization on medical or religious grounds?
 YES, provide a signed copy of the [Maryland Department of Health and Mental Hygiene Immunization Certificate](#) from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
 NO

CONTACT INFORMATION:

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Sailor's Physician: _____ Phone: _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or Legal Guardian's Signature: _____ Date: _____