

## Health Statement

The Albany County Dept. of Health requires Pineview Day Camp to have the following on file for each registered camper:

Immunization record, which shall include immunization dates against diphtheria, haemophilus influenza type B, hepatitis B, measles, mumps, rubella, poliomyelitis, tetanus, and varicella (chicken pox)

**AND EITHER:**

A Medical Statement validating a well child visit dated after July 2016 OR

The statement below signed by your child's doctor.

Authorized representatives for the Albany County Dept. of Health have the right to review children's medical records upon request.

**TO BE COMPLETED BY MEDICAL PROVIDER:**

I have completed a physical exam on (child's name) \_\_\_\_\_,  
and hereby state that this child is approved for participation in Pineview Day Camp program as follows:

without restrictions       with special considerations or restrictions as described below\*

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date of Exam

\*Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_