



One Step At A Time Titer Results



***** NEW CAMPERS ONLY *****

Dear Parent/Guardian,

Because varicella (chicken pox) may be potentially serious for children undergoing treatment for cancer we **require a level for all new campers**. For campers previously attending, titers are documented as previously submitted. All negative titers are assumed to remain negative unless documentation of a positive titer is submitted.

Do not hold up the other information and medical forms waiting for the results. This form, like the others you have received for completion, must be returned before camp.

Has your child received the new vaccination for chickenpox (which was not available before 1995)? If **yes**, indicate date in the blank provided.

Yes No Date _____

Chickenpox (varicella) titer drawn.

Child's name: First MI Last

The results were _____ which show the camper to be
Titer result

Immune
(Protected)

Not Immune.
(Not protected)

**Physician/Nurse
Practitioner signature**

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Date (Mo - Day - Yr)