

Information About Recreational Camps in Massachusetts: Questions and Answers for Parents



WHAT IS A RECREATIONAL CAMP FOR CHILDREN?

A recreational camp for children is a day or residential (overnight) sports, travel, or wilderness program that offers recreational activities and instruction to campers. Such camps have five or more children and typically operate anytime between June 1 and September 30 and/or during school vacations. Please note that there are certain factors, such as length of time the camp is in session and type of entity operating a program, that influence whether a program is considered a recreational camp under applicable Massachusetts law (G.L.c. 111, 127A) and mandated regulations (105 CMR 430.000 et. seq.: Minimum Sanitation and Safety Standards for Recreational Camps for Children). For further information on licensed recreational camps for children, contact the local board of health in the community where the camp is located.

DO RECREATIONAL CAMPS FOR CHILDREN HAVE TO BE LICENSED?

Yes. In Massachusetts, recreational camps for children must be inspected and licensed by the

local board of health in the city or town where the camp is located. In order to be licensed, the camp must meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

ARE ALL SUMMER PROGRAMS LICENSED AS RECREATIONAL CAMPS FOR CHILDREN?

No. There are certain regulatory requirements that a camp program must meet to be licensed as a recreational camp for children. The definition of a recreational camp for children and specific provisions for its licensure are found in regulations at 105 CMR 430.000. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore may not follow the mandatory requirements that apply to licensed recreational camps for children including:

- performing criminal record background checks on each staff person and volunteer prior to employment;
- requiring proof of camper and staff immunizations;
- requiring proof of appropriate training, certification, or experience for staff conducting or supervising specialized or high risk activities.

In addition, neither MDPH nor a local board of health conducts on-site inspections of facilities that are not considered recreational camps for children.

To see if a camp is licensed, contact the local health department (board) in the community where the program is located.

WHAT IS THE PURPOSE OF THE REGULATIONS?

The regulations establish minimum health, safety, sanitary, and housing standards to protect the well-being of children who are in the care of recreational camps for children in Massachusetts.

WHERE CAN I GET INFORMATION ON THE STATUS OF A RECREATIONAL CAMP'S LICENSE?

The local health department/board in the community where the camp is located can confirm if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and provide a copy of the camp's most recent inspection report.

WHAT DOES THE LOCAL HEALTH DEPARTMENT/BOARD EVALUATE AS PART OF A CAMP INSPECTION?

The primary purpose of the inspection is to ensure that the camp provides an appropriate environment to protect the health, safety, and well-being of the campers. Inspectors look to see that the camp has, for example: safe structures and equipment; adequate sanitary facilities; sufficient supervision of the campers; appropriate plans in case of medical emergencies, natural, and other physical disasters; sufficient health care coverage; and injury and fire prevention plans. Contact the local health department/board of the community in which the camp is located to find out mandatory requirements, policies, and standards.

ARE RECREATIONAL CAMPS REQUIRED TO PROVIDE COPIES OF OPERATING PLANS AND PROCEDURES?

Yes. You may ask a camp representative to let you see copies of any of the required plans and procedures.

ARE THERE MINIMUM QUALIFICATIONS FOR CAMP COUNSELORS IN MASSACHUSETTS?

Yes. All counselors are required to have at least four weeks experience in a supervisory role with children or four weeks experience

with group camping. Counselors must also complete an orientation program before campers arrive at camp. Any counselor who supervises children in activities such as horseback riding, hiking, swimming, and other events must also have appropriate specialized training, certification, and experience in the activity. You may ask to see proof that a counselor is certified in a particular activity.

IS THE CAMP REQUIRED TO CONDUCT BACKGROUND CHECKS ON CAMP STAFF?

Yes. For all camp staff and volunteers, the recreational camp for children must conduct a background check that includes obtaining and reviewing the applicant's previous work history and confirming three positive references. The camp must also obtain a Criminal Offender Record Information (CORI) history/juvenile record history from the Massachusetts Department of Criminal Justice Information Services to determine whether the applicant has a juvenile record or has committed a crime that would prevent the applicant from being with campers. The local health department/board will verify that CORI checks have been conducted during their annual licensing inspection. Where an applicant resides in another state or in a foreign jurisdiction, where practicable, the camp must also obtain from the applicant's criminal information system board, the chief of police, or other relevant authority a criminal record check or its recognized equivalent. The camp is required to hire staff and volunteers whose backgrounds are free of conduct that bears adversely upon his or her ability to provide for the safety and well-being of the campers.

IS THE CAMP REQUIRED TO CHECK STAFF AND VOLUNTEER BACKGROUNDS FOR A HISTORY OF SEXUAL OFFENSES?

Yes. The operator of the camp must obtain a Sex Offender Registry Information (SORI) report from the Massachusetts Sex Offender Registry Board (SORB) for all prospective camp staff, including any volunteers. The Sex Offender Registry Board is a public safety agency responsible for protecting the public from sex offenders. The local health department/board will verify that SORI checks

have been conducted during their annual licensing inspection. For more information concerning the Sex Offender Registry Board, and SORI information and policies available to the public, visit the SORB website at www.mass.gov/sorb.

HOW CAN I BE SURE THAT SUCH BACKGROUND CHECKS HAVE BEEN CONDUCTED?

You can request a copy of the camp's written policy on staff background checks from the camp director. Please note, however, that you are not authorized to review the staff person's actual CORI and SORI report.

HOW OLD DO CAMP COUNSELORS HAVE TO BE?

There are different age requirements depending on the type of camp. A counselor working at a licensed residential (overnight), sports, travel, trip, or special needs camp must be 18 years of age or have graduated from high school. Counselors working at a day camp must be at least 16 years of age. All counselors at licensed camps in Massachusetts are required to be at least three years older than the campers they supervise.

IS THE CAMP REQUIRED TO HAVE A PERSON ON-SITE WHO KNOWS FIRST AID AND CPR?

Yes. All licensed camps are required to have a health supervisor at the camp at all times who is at least 18 years of age and is currently certified in first aid and CPR. The camp must provide backup for the health care supervisor from a Massachusetts licensed physician, physician assistant, or nurse practitioner who serves as a health care consultant. Special needs camps and residential camps where there are a large number of campers and staff must have a licensed health care provider, such as a physician or nurse, on site.

HOW CAN I COORDINATE MY CHILD'S MEDICATION ADMINISTRATION WHILE AT A RECREATIONAL CAMP?

Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a locked cabinet. If your child will be participating in off-

site activities while taking prescription medication, a second original pharmacy container must be provided to the camp. The only individual authorized to give your child his/her medication is a licensed health care professional or the camp health supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epi-pens and inhalers.) When your child returns from camp, the medication must be returned to you, if possible, or destroyed.

CAN A CAMP DISCIPLINE MY CHILD?

Yes. Camps are required to have a written disciplinary policy that explains their methods of appropriate discipline, e.g. 'time-out' from activities, sending a child to the camp director's office, etc. Under no circumstances, however, may a camper be subjected to corporal punishment, such as spanking, or be punished by withholding food or subjecting a camper to verbal abuse or humiliation.

WHAT STEPS DOES A CAMP HAVE TO TAKE TO PROTECT MY CHILD FROM ABUSE AND NEGLECT?

Public Health Regulation 105 CMR 430.000 requires all camps to have policies and procedures in place to protect campers from abuse and neglect while at camp. You may ask a camp representative for specific information on the camp's policies, as well as its procedures for reporting a suspected incident. In order to protect your child from possible abuse, you should talk openly and frequently with your child about how to stay safe around adults and other children.

WHERE CAN I GET MORE INFORMATION ON ABUSE/NEGLECT?

For guidance on abuse prevention and counseling regarding a possible abuse situation, contact the Massachusetts Department of Children and Families (DCF) Child-At-Risk Hotline at 1-800-792-5200 or the Massachusetts Child Sexual Abuse Prevention Partnership at www.masskids.org or 617-742-8555 ext.1

WHAT STEPS CAN A CAMP (AND PARENTS) TAKE TO HELP PROTECT

CHILDREN FROM MOSQUITO- AND TICKBORNE DISEASE SUCH AS EASTERN EQUINE ENCEPHALITIS (EEE), WEST NILE VIRUS (WNV), AND LYME DISEASE?

Parents and camp administrators can discuss the need for repellent with campers. Use of insect repellents that contain 30% or lower of DEET (N,Ndiethyl- m-toluamide) are widely available and have proven to be safe and effective for children (greater than 2 months of age) when used as directed and certain precautions are observed. These products should be applied based on the amount of time the camper spends outdoors and the length of time protection is expected as specified on the product label.

SHOULD PRODUCTS THAT CONTAIN BOTH INSECT REPELLENT AND SUNSCREEN BE USED?

No. Use of DEET products that combine repellent with sunscreen are not recommended, as over application of DEET can occur if sunscreens need to be applied more frequently. It is generally recommended to apply sunscreen first, then insect repellent.

WHAT IS THE BEST WAY TO APPLY REPELLENTS?

Repellents containing DEET should only be applied to exposed skin, and children should be encouraged to cover skin with clothing when possible, particularly for early morning and evening activities when more mosquitoes are present. DEET products should not be applied near the eyes and mouth; applied over

open cuts, wounds, or irritated skin; or applied on the hands of young children (the CDC recommends that adults apply repellents to young children). Skin where the repellent was applied should be washed with soap and water after returning indoors and treated clothing should be washed before it is worn again. Spraying of repellents directly to the face or in enclosed areas should be avoided.

Do not rely on glossy pictures and slick brochures when considering a recreational camp for your child.

Contact the camp director to schedule an appointment for an informational meeting and tour of the facility prior to registering your child.

Ask the camp for a copy of its policies regarding staff background checks, as well as health care and disciplinary procedures. Ask to see a copy of the procedures for filing complaints with the camp.

Call the local health department/board in the city or town where the camp is located for information regarding inspections of the camp and to inquire about the camp's license status.

Obtain names of other families who have sent their children to the camp, and contact them for an independent reference.

Meningitis

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What is meningitis?

Meningitis is an infection of the tissue (called the “meninges”) that surrounds the brain and spinal cord.

What are the symptoms of meningitis?

Symptoms of meningitis may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, sensitivity to light, and rash can all be signs of meningitis. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In some infants, the only signs of meningitis may be crankiness or tiredness and poor feeding. Babies with meningitis usually run a fever, but not always. Anyone who has or observes these symptoms should contact a health care provider right away. Some cases of meningitis are very serious, leading to permanent neurologic problems, amputation of limbs, loss of hearing, seizures or strokes, and even death.

What causes meningitis?

Many different kinds of viruses and bacteria (germs) can cause meningitis. A sample of spinal fluid, usually collected by a spinal tap, is needed to find out if someone has meningitis and to see what caused it.

What kinds of bacteria can cause meningitis?

Neisseria meningitidis are bacteria that can cause illness in people of any age. At any time, about 5-15% of people have these bacteria in their throats or noses without getting sick. The bacteria are spread through saliva (spit) during kissing, sharing of food, drinks or cigarettes (including e-cigarettes), and by close contact with infected people who are sneezing or coughing. People who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get antibiotics (medicine) for protection. Meningitis caused by these bacteria is called “meningococcal.” There are vaccines, which can be used to help prevent this kind of meningitis.

Haemophilus influenzae type b bacteria, called Hib, can also cause meningitis. There is a vaccine called “Hib vaccine” that prevents infants and young children from getting Hib disease. Most adults are resistant to this type of meningitis, and thanks to the vaccine, most children under 5 years of age are protected. Certain people who have come in close contact with the saliva of a person with meningitis from this type of bacteria may have to get an antibiotic to protect unimmunized, under-immunized or immunocompromised children in their household.

Streptococcus pneumoniae are bacteria that cause lung and ear infections but can also cause “pneumococcal” meningitis. These bacteria are usually found in the throat. Most people who have these bacteria in their throats stay healthy. However, people with chronic medical problems or with weakened immune systems, and those who are very young or very old, are at higher risk for getting pneumococcal meningitis. Meningitis caused by *Streptococcus pneumoniae* is not spread from person-to-person. People in close contact with someone who has pneumococcal meningitis do not need to get antibiotics.

Other bacteria can also cause meningitis, but meningitis from these other bacteria is much less common and usually not contagious.



What about viruses?

Viral meningitis, also called **aseptic meningitis**, is much more common than bacterial meningitis. A group of viruses called *enteroviruses* is the most common cause of viral meningitis. These viruses are found in the throat and feces (stool) of infected people. The virus is most likely to be spread when people do not wash their hands after using the toilet or changing a diaper or soiled sheets, then touch their own mouths, prepare food for others, or touch others with their contaminated hands. These viruses can also be spread by the kind of close face-to-face contact that is common in families.

Many enteroviruses don't cause people to feel very sick. Others may cause only mild diarrhea or vomiting. People with viral meningitis are usually less sick than people with bacterial meningitis. They usually get better on their own. People who are close contacts of viral meningitis patients do not need to be treated with antibiotics. However, they should wash their hands often with soap and warm water or use alcohol-based hand rubs or gels to stop the spread of these viruses. There are usually more cases of viral meningitis in the late summer and early fall.

How is meningitis spread?

Many of the viruses that cause meningitis are spread through saliva (spit) or feces (stool). The bacteria that can cause meningitis are usually spread from person-to-person through contact with infected saliva. Most people may already have immunity (natural protection) against many of these germs.

How can meningitis be prevented?

If a person is exposed to the saliva of someone with meningitis caused by certain types of bacteria, public health officials or your health care provider may recommend an antibiotic to prevent disease. Frequent handwashing with soap and water or use of alcohol-based hand rubs or gels can help stop the spread of many viruses and bacteria. Not sharing food, drinks, or eating utensils with other people can also help stop the spread of germs.

There are 5 vaccines that can help prevent meningitis:

- ***Haemophilus influenzae* (Hib) vaccine** is usually given at 2, 4, 6 and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. Children over 5 years of age usually do not need this vaccine. But, some older children or adults with special health conditions should get it.
- **Pneumococcal conjugate vaccine 13-valent (PCV13)** is recommended for all children less than 24 months old. It is usually given at 2, 4, 6, and between 12 and 15 months of age. The total number of doses depends on the age at which the series was begun. It is also used in high-risk people 2 years of age and older. This vaccine is recommended to be given as a first dose in a series with PPSV23 vaccine, for everyone 65 years of age and older.
- **Pneumococcal polysaccharide vaccine 23-valent (PPSV23)** is used in high-risk individuals 2 years of age or older. (High-risk children less than 5 years of age should also receive PCV13.) This vaccine is also recommended to be given as the second dose in a series with PCV13 for everyone 65 years of age and older.



- **Quadrivalent meningococcal conjugate vaccine** (Menactra and Menveo) is recommended for children 11-12 years of age and for some younger children with certain health conditions like asplenia (including sickle cell disease), or prior to travel to certain parts of the world where meningococcal disease is common. A second dose of quadrivalent meningococcal conjugate vaccine is routinely recommended at 16 years of age. Adolescents and young adults who have not been vaccinated according to routine recommendations should talk to their healthcare provider about vaccination according to the “catch up” schedule.

College freshmen, military recruits and other newly enrolled college students living in dormitories who are not yet vaccinated are also recommended to receive meningococcal conjugate vaccine.

- **Meningococcal serogroup B vaccine** (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions age 10 or older (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), microbiologists working with *N. meningitidis*, and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who are not at high risk **may** also be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease.

Talk with your doctor about which vaccines you or your child should receive.

Are students required to get meningococcal vaccine?

Yes. Massachusetts law requires the following students receive quadrivalent meningococcal conjugate vaccine (unless they qualify for one of the exemptions allowed by the law):

- Secondary school (those schools with grade 9-12): newly enrolled full-time students who will be living in a dormitory or other congregate housing licensed or approved by the secondary school must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine at any time in the past.
- Postsecondary institutions (e.g., colleges): newly enrolled full-time students 21 years of age and younger must provide documentation of having received a dose of quadrivalent meningococcal conjugate vaccine on or after their 16th birthday, regardless of housing status.

More information may be found in the MDPH documents “*Meningococcal Disease and College Students*” and “*Information about Meningococcal Disease, Meningococcal Vaccines, Vaccination Requirements and the Waiver for Students at Colleges and Residential Schools.*”

Shouldn't meningococcal B vaccine be required?

CDC's Advisory Committee on Immunization Practices has reviewed the available data regarding serogroup B meningococcal disease and the vaccines. At the current time, there is no routine recommendation and no statewide requirement for meningococcal B vaccination before going to college (although some colleges might decide to have such a requirement). As noted previously,



adolescents and young adults (16 through 23 years of age) may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection against most strains of serogroup B meningococcal disease. This would be a decision between a healthcare provider and a patient. These policies may change as new information becomes available.

Where can I get more information about meningitis?

- Your health care provider
- The Massachusetts Department of Public Health, Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <http://www.mass.gov/dph/>
- Your local health department (listed in the phone book under government)



MMR (Measles, Mumps, and Rubella) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Measles, mumps, and rubella are viral diseases that can have serious consequences. Before vaccines, these diseases were very common in the United States, especially among children. They are still common in many parts of the world.

Measles

- Measles virus causes symptoms that can include fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body.
- Measles can lead to ear infections, diarrhea, and infection of the lungs (pneumonia). Rarely, measles can cause brain damage or death.

Mumps

- Mumps virus causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears on one or both sides.
- Mumps can lead to deafness, swelling of the brain and/or spinal cord covering (encephalitis or meningitis), painful swelling of the testicles or ovaries, and, very rarely, death.

Rubella (also known as German Measles)

- Rubella virus causes fever, sore throat, rash, headache, and eye irritation.
- Rubella can cause arthritis in up to half of teenage and adult women.
- If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

These diseases can easily spread from person to person. Measles doesn't even require personal contact. You can get measles by entering a room that a person with measles left up to 2 hours before.

Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2 MMR vaccine

Children should get 2 doses of MMR vaccine, usually:

- First dose: 12 through 15 months of age
- Second dose: 4 through 6 years of age

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. This can provide temporary protection from measles infection, but will not

give permanent immunity. The child should still get 2 doses at the recommended ages for long-lasting protection.

Adults might also need MMR vaccine. Many adults 18 years of age and older might be susceptible to measles, mumps, and rubella without knowing it.

A third dose of MMR might be recommended in certain mumps outbreak situations.

There are no known risks to getting MMR vaccine at the same time as other vaccines.

There is a combination vaccine called **MMRV** that contains both chickenpox and MMR vaccines. MMRV is an option for some children 12 months through 12 years of age. There is a separate Vaccine Information Statement for MMRV. Your health care provider can give you more information.

3 Some people should not get this vaccine

Tell your vaccine provider if the person getting the vaccine:

- **Has any severe, life-threatening allergies.** A person who has ever had a life-threatening allergic reaction after a dose of MMR vaccine, or has a severe allergy to any part of this vaccine, may be advised not to be vaccinated. Ask your health care provider if you want information about vaccine components.
- **Is pregnant, or thinks she might be pregnant.** Pregnant women should wait to get MMR vaccine until after they are no longer pregnant. Women should avoid getting pregnant for at least 1 month after getting MMR vaccine.
- **Has a weakened immune system** due to disease (such as cancer or HIV/AIDS) or medical treatments (such as radiation, immunotherapy, steroids, or chemotherapy).
- **Has a parent, brother, or sister with a history of immune system problems.**
- **Has ever had a condition that makes them bruise or bleed easily.**
- **Has recently had a blood transfusion or received other blood products.** You might be advised to postpone MMR vaccination for 3 months or more.



- **Has tuberculosis.**
- **Has gotten any other vaccines in the past 4 weeks.** Live vaccines given too close together might not work as well.
- **Is not feeling well.** A mild illness, such as a cold, is usually not a reason to postpone a vaccination. Someone who is moderately or severely ill should probably wait. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Getting MMR vaccine is much safer than getting measles, mumps, or rubella disease. Most people who get MMR vaccine do not have any problems with it.

After MMR vaccination, a person might experience:

Minor events:

- Sore arm from the injection
- Fever
- Redness or rash at the injection site
- Swelling of glands in the cheeks or neck

If these events happen, they usually begin within 2 weeks after the shot. They occur less often after the second dose.

Moderate events:

- Seizure (jerking or staring) often associated with fever
- Temporary pain and stiffness in the joints, mostly in teenage or adult women
- Temporary low platelet count, which can cause unusual bleeding or bruising
- Rash all over body

Severe events occur very rarely:

- Deafness
- Long-term seizures, coma, or lowered consciousness
- Brain damage

Other things that could happen after this vaccine:

- People sometimes faint after medical procedures, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions to a vaccine are estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 and get to the nearest hospital. Otherwise, call your health care provider.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS *does not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement MMR Vaccine

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42 U.S.C. § 300aa-26

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