



Statement of Immunization
(children only)

This is to certify that _____ has had all of the necessary immunizations, is healthy and free from contagious diseases including HIV/AIDS, TB and hepatitis.

Physician's signature _____ Date _____

Name of Physician (print or type) _____

Address _____

Phone _____

This is to certify that _____ has had all of the necessary immunizations, is healthy and is free from contagious diseases including HIV/AIDS, TB and hepatitis.

Physician's signature _____ Date _____

Name of Physician (print or type) _____

Address _____

Phone _____