

IMMUNIZATION ATTESTATION STATEMENT

I, _____ attest that _____
(print parent/guardian name) (print child (ren) name below)

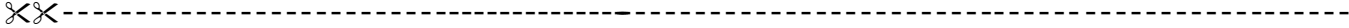
has received all required immunizations.

(parent/guardian signature)

Date

Keep in your binder must be available during home inspection

Immunization Attestation Statement (12/14)



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Immunization Attestation Statement (12/14)