

Immunization Declaration

Date of Birth:	Centre/Location:
School Name:	
	DECLARATION
Initial one box on t	the left, then complete the details on the right for that box.
	A. My child is fully immunized and the record has been filed with the (check one):
	☐ Waterloo Catholic District School Board (WCDSB)
	☐ Waterloo Region District School Board (WRDSB)
	Other:
	B. My child is behind in his/her immunizations :
	Reason/Details:
	C. My child has 1 or more exemptions and requires a C2 medical exemption form from Region of Waterloo Public Health. All other immunizations are up to date and the record has been filed with the WCDSB WRDSB Reason/Details:
I declare the abov	ve information to be true and factual.
Par	rent Signature Date
When completed elec	ctronically, typing your full legal name in the signature box constitutes your signature and is
For Office Use C Date Rec'd	Only: C2 on file: Y N
Input to Sandbox	on Supervisor/Assistant Signature