

IMMUNIZATION VERIFICATION
for
St. Anthony Academy

DATE: _____

To Whom It May Concern:

We, the undersigned verify that the following children, attending St. Anthony Academy, have been immunized and that such immunization records are available upon request;

_____ Date or Birth: _____

_____ Date or Birth: _____

_____ Date or Birth: _____

_____ Date or Birth: _____

_____ Date or Birth: _____

_____ Date or Birth: _____

Signature of Parent

Signature of Parent

To Whom It May Concern:

We, the undersigned verify that the following children, attending St. Anthony Academy, have not received immunizations due to religious or medical exemptions.

Signature of Parent

Signature of Parent