



IMMUNIZATION CONFIRMATION FOR DAY CARE

This is to certify that _____ is
(name of child)

Current in the required immunizations as referred to in Section 40(1) of the N.W.T.
Child Day Care Act.

The next immunization is _____.
(immunization and date required)

Signature of Public Health Nurse
Yellowknife Public Health Unit
920-6570

Date

Please provide documentation to indicate that your child is current in all immunizations.