



# Record of Immunization Status

Name: \_\_\_\_\_

- Yes, I have been immunized and my record(s) are attached
- Yes, I have been immunized but I no longer have my record(s)
- Yes, I have been immunized as a child but do not wish to continue with updating my immunizations and my record(s) are attached
- No, I have not been immunized and do not wish to be

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date