IMMUNIZATION VERIFICATION/WAIVER FORM

HUMAN RESOURCES BRANCH

(SCCOE <u>DOES NOT</u> COVER THE COST OF IMMUNIZATIONS)

Please either submit proof of vaccinations (yellow card, pharmacy receipts, etc.) or complete this form with your healthcare professional. You may also use this form to waive receiving the influenza vaccination.

Please check this box if a physician statement or	vaccination record has been attached.	
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