

**Beaufort Children's Centre**  
**Immunization Declaration Form**

I confirm that my child \_\_\_\_\_ (child's full name),  
born \_\_\_\_\_ (dd/mm/yyyy) is

Please check one (v):

- Fully immunized and records attached
- Fully immunized and records are not attached.
- Partially immunized and records are attached.
- Partially immunized and records are not attached.
- Not immunized.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Additional Comments:**

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