CONFIRMATION OF MEDICAL IMMUNIZATION (excluding flu)

This is to confirm that ________________________________, a student in Western Psychology’s Clinical Graduate Program, currently has the immunizations required to begin a clinical placement at either St. Joseph’s Health Care or London Health Science Centre:

Due date for next tetanus shot:  ____/____/____
Day    Mon          Year

Due date for next TB test:  ____/____/____
Day    Mon          Year

Name: _____________________________ Signature: _____________________________________
Date:     ____/____/____
Day    Mon   Year

For the Health/Medical Centre:

Name: _______________________________ Signature: __________________________________
Date: _____/_____/____   Health/Medical Centre Stamp Here
Day      Mon     Year