



**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:    \_\_\_\_/\_\_\_\_/\_\_\_\_  
                 Day        Mon        Year

Health/Medical Centre Stamp Here