



September 9, 2021

The Episcopal Diocese of Olympia

The Episcopal Church in Western Washington

www.ecww.org

Attestation of Childhood Immunizations for Adults

Name: _____

Date of birth: _____

I attest that the above named patient has been vaccinated against or has documented immunity to the vaccine-preventable childhood diseases listed below (ref. WAC 246-15-030), and has received all age-appropriate boosters for the same diseases.

Chickenpox (Varicella);
Diphtheria;
German measles (Rubella);
Haemophilus influenzae type B disease;
Hepatitis B;
Measles (Rubeola);
Mumps;
Pneumococcal disease;
Polio (Poliomyelitis);
Tetanus; and
Whooping cough (Pertussis).

Health Care Provider Signature: _____ Date: _____

Health Care Provider Name (printed): _____

Address: _____

Phone number: _____