



_____ personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of _____ (name of minor child) born _____ (date of birth).

2. I understand that the Georgia Department of Public Health requires children to obtain the following vaccinations before being admitted to a child care facility or school: diphtheria; haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).

3. I understand that the Georgia Department of Public Health requires children to obtain the following vaccinations before being admitted to a child care facility or school: diphtheria; haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).