

ATTESTATION FORM / EXHIBIT “C”

[Insert School / Organization Name]

Use all columns for groups or cohorts. Enter 'exempt' if medical or religious exemption has been approved.

Use this column for individual student

<i>[Insert Date]</i>							
<i>[Insert Student/Visitor Name]</i>							

HEALTH INFORMATION

PPD (Date Read Within the Past Year)							
Hepatitis B Vaccine (Date of Confirmation / Date Declined)							
Tdap (Tetanus, Diphtheria, and Pertussis) (Within 10 Years)							
MMR Immunizations (Date of Confirmation)							
Varicella Titer or Varicella Immunization (Date read or received)							
Influenza Vaccination (Date within Current Year)							
COVID-19 Vaccines Type and Date(s) of Vaccine - (Doses 1&2 or 1 if JJ)							
Exemption Granted (Date of acceptance and specify medical or religious)							

BACKGROUND INVESTIGATION

Driver's License Number Verification Only							
Date of Verification (No Numbers please)							
Social Security Number Verification Only							
Date of Verification (No SSN's please)							
Date of Criminal Search Up to 7 years, or Up to 5 searches							
Date of HHS/OIG/GSA List of Excluded Individuals							
Date of Texas HHS List of Excluded Individuals							
Date of Violation Sexual Offender & Predator Registry							

As a designated representative of the School named above, I attest that the corresponding information above is present in this student's file, and that the above named student has been determined to be competent for the field of study and assigned area. By typing my name and date in the section below, I acknowledge that I am electronically signing this legal document as verification of this statement.

School Representative Signature & Title: _____
School Representative Printed Name: _____

Date: _____