

ATTESTATION FORM / EXHIBIT "C"

Use all columns for groups or cohorts.

Use this column for individual student

[Insert Date]

[Insert Student Name]

HEALTH INFORMATION							
Date of Last PPD (Within the Past Year)							
Hepatitis B Vaccine Date of Confirmation / Date Declined							
Tdap (Tetanus, Diphtheria, and Pertussis (Within the Last 10 Years)							
MMR Immunizations Date of Confirmation							
Date of Varicella Titer or Date of Varicella Immunization							
Date of Influenza Vaccination (Within Current Year)							
COVID-19 Vaccines (Doses 1&2 or 1 if JJ) Type and Date(s) of Vaccine							
BACKGROUND INVESTIGATION							
Driver's License Date Verification (No Numbers please)							
Social Security Number 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: _____