College of the North Atlantic (CNA)
STATEMENT OF IMMUNIZATION

This is to confirm that I, _____
(Please Print)

- ☐ Am not immunized.
- ☐ Do not have a current and up-to-date record of immunization.
- ☐ Am awaiting a copy of a current record of immunization.

I am aware that I may be asked to leave a child care service at the request of a public health official in the event of a communicable disease outbreak and may be unable to return for the duration of that outbreak.

Learner Name: _____
(Please Print)

Signature: _____ Date: _____/_____/_____
M D Y

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act, 1996 and the Access to Information and Protection of Privacy (ATIPP) Act. Questions regarding the collection of this personal information can be directed to the college's Registrar, College of the North Atlantic, 432 Massachusetts Drive, P.O. Box 5400, Stephenville, Newfoundland and Labrador, Canada, A2N 2Z6, (709) 643-0827, registrar@cna.nl.ca.

I confirm that I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.

Learner Name: _____
(Please Print)

Signature: _____ Date: _____/_____/_____
M D Y

Please submit this form as part of the ECE required documentation to:
Early Childhood Education, Student Services
College of the North Atlantic, P.O. Box 1693, St. John's, NL A1C 5P7

Fax: 709-758-7304 or hand deliver to the campus at 1 Prince Phillip Drive, St. John's.