

# Confirmation of Complete Immunization Records

Student Name \_\_\_\_\_

School \_\_\_\_\_

As the affiliated program, \_\_\_\_\_  
verifies that \_\_\_\_\_ has all  
immunizations up to date, complete and on file at the institution. This  
agreement confirms that these health files comply with the standards set by  
Aultman Hospital and its accrediting body. Aultman honors the partnerships  
and maintains the integrity with all programs and students who use the  
Aultman facility.

\* This agreement also validates and gives Aultman Hospital the right to  
perform random audits with student immunization files.

Signature and Title \_\_\_\_\_

Date \_\_\_\_\_