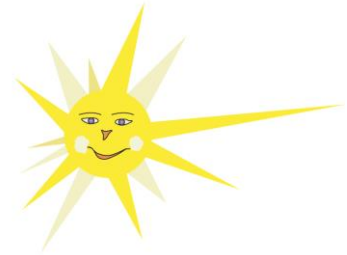


Confirmation of Non-Infectious Child



Statement

I confirm that the district health officer and my child's attending have not ordered quarantine measures, increased health measures, or medical supervision for, born on the day..... and residing at the address (this child who is in my care)

I declare that I am not aware of my child coming in contact with a person affected by an infectious diseases in the last week before the date below.

In Date

.....
Parent or legal guardian's signature