

**Certificate of
Tetanus Vaccination**



I hereby certify that, within the past ten (10) years (five years if incident occurred), I have had/ have not had a Tetanus Vaccination and that I will provide Avenue HomeCare Inc. proof thereof.

I understand that if I have not had a Tetanus Vaccination within 10 years, it is mandatory for me to receive one prior to employment.

Yes, I have had a Vaccination

Initial

No, I have not had a Vaccination

Initial

Print Applicant Name

Signature of Applicant

Date

Witness

Date