



AFFIDAVIT CLINIC CARD

I the undersigned, (parent/guardian name, surname and ID #)

do hereby under oath state that:

- I am an adult male/female and the legal guardian of (learner name and surname and ID #)

- The contents of this affidavit are within my personal knowledge save where the context indicates to the contrary and are to be best of my belief both true and correct.

PURPOSE OF THIS AFFIDAVIT

- I wish to enrol my child at Kommetjie Primary School. As part of the enrolment application, I am required to supply certain supporting documentation.
- An important component of the documentation required is proof that the child has been immunised against certain communicable diseases – a Clinic Card.
- Despite my best efforts, I am not able to locate my child's Clinic Card.
- This notwithstanding, I confirm that my child has be inoculated against the following communicable diseases:

- Polio
- Measles
- Diphtheria
- Tetanus
- Tuberculosis
- Hepatitis B

PARENT / GUARDIAN SIGNATURE

It is hereby certified that the aforesaid declaration was signed and sworn in my presence

on this the ___ day of _____ 202___, at _____, the deponent having confirmed and acknowledged: -

- a) That he/she knows and understands the contents of this declaration.
- b) that he/she has no objection to taking the prescribed oath.
- c) and that he/she considers the prescribed oath as binding on his conscience
- d) that he/she is aware that making a false statement constitutes a criminal offence

COMMISSIONER OF OATHS

Full names: _____

Address: _____

Designation: _____

Area: _____