

AFFIDAVIT OF _____
(Pharmacist/nurse's name)

STATE OF GEORGIA

COUNTY OF _____

Personally appeared before me, the undersigned officer who is duly authorized by law to administer oaths,
_____, who, after first being sworn, states the following of their own personal knowledge:
(Pharmacist/nurse's name)

My name is _____ and I am over the age of eighteen (18).
(Print full name)

I am currently licensed in the State of Georgia to practice as a (Initial one): (_____) Pharmacist (_____) Nurse.

I hereby affirm that I have a copy of the vaccine protocol agreement and agree to comply with its requirements.

I will be administering vaccinations under the vaccine protocol agreement at the following locations:

I hold a current certification in Basic Cardiac Life Support.

I certify that I have (please initial all that apply):

(_____) Individual liability insurance coverage in an amount not less than \$250,000 to cover claims arising from my administration of vaccines; or

(_____) Individual coverage from my employer's liability insurance in an amount not less than \$250,000 to cover claims arising from my administration of vaccines.

(_____) (For pharmacists) I certify that I have completed a course of training approved by the Georgia Board of Pharmacy and that I have completed a training program recognized by the Centers for Disease Control and Prevention in the basics of immunology which focused on practice implementation and legal and regulatory issues, composed of at least 12 hours of self-study with an assessment exam, at least eight hours of live seminar with a final exam, and a hands-on assessment of intramuscular and subcutaneous injection technique.

Signature of Affiant

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Signature of Notary Public

(Print name)
My Commission expires: _____

(Notary Seal)