First District Health Unit Immunization Record Request Instructions



Please complete this form by clearly printing all information and attaching or bringing any additional supporting documentation required.

- Need a photo ID when requesting an immunization record for verification.
- If the record requested is for a person younger than 18, please state your relationship to the child. If applicable please provide documentation of custody or guardianship.
- 18 and older need to make their own request.

There is a \$10.00 charge for record requests from clients that have not received immunizations here.

Immunization Record Request						
quested Method for Record to be Sent:			🗌 Mail	I 🔲 Fax	📃 Email 🔲 Pick-Up	
Requested Immunization Record Information						
First Nam		e:		Date of Birth:		
		First Name:			Date of Birth:	
		First Name:			Date of Birth:	
Requestor's Information						
t Name:		Reque	Requestor's First Name:			
Relationship: Self Parent Guardian / Foster Parent						
Street Address:						
			State	2:	ZIP Code:	
Telephone Number:			Fax N	Fax Number:		
Email Address (if requested to be sent via email):						
Verification of Supporting Documentation:						
□ Photo ID □ Court Order Granting Guardianship □ Verbal Consent from Social Services						
Requestor's Signature:						
First District Health Unit (For Office Use Only) Date Received: Date Fulfilled: Initials: Amt collected: Cash / Credit Card / Check						
Date Fulfilled:	Initials:	Amt collected:		Cash	/ Credit Card / Check	
	od for Record to I Requeste Name: Self Pa er: requested to be a pporting Docume Docume Court Order ature: First I	od for Record to be Sent: Requested Immu Reque Reque Name: Self Parent er: requested to be sent via en pporting Documentation: Court Order Granting of ature: First District He	od for Record to be Sent: Requested Immunization First Name Requestor's In Name: Self Parent Guardi er: requested to be sent via email): pporting Documentation: Court Order Granting Guardians ature:	od for Record to be Sent: Mai Requested Immunization Reco First Name: First Name: First Name: Requestor's Informa Name: Reque Self Parent Guardian / Fost Self Parent Guardian / Fost Fax I requested to be sent via email): pporting Documentation: Court Order Granting Guardianship ature: First District Health Unit (For Off	od for Record to be Sent: Mail Fax Requested Immunization Record Inform First Name: First Name: First Name: First Name: Requestor's Information Requestor's First N Name: Requestor's Information Self Parent Guardian / Foster Parent State: er: Fax Number: requested to be sent via email): pporting Documentation: Court Order Granting Guardianship Verbal ature: First District Health Unit (For Office Use Only	