



IMMUNIZATION HISTORY REQUEST



PLEASE PRINT & **ALLOW 72 BUSINESS HRS TO PROCESS**

TODAY'S DATE: _____

NAME: _____

U.I.N # 81 _____

DATE OF BIRTH: / / **CONTACT #:** _____

Full List of Vaccines: Y or N **Actual Lab Results?** Y or N

TB Consent Form: Y or N **Flu Consent Form:** Y or N

PLEASE CHOOSE "ONE" OPTION BELOW FOR SENDING

EMAIL ADDRESS: _____

FAX #: _____ **IN PERSON PICK UP:** Y or NO

MAILING ADDRESS: _____