Davis COUNTY HEALTH DEPARTMENT

IMMUNIZATION RECORD REQUEST FORM

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification are: a state issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field.

IMMUNIZATION RECORD REQUESTED FOR:			
First name:	**Middle name:**	**Last name:**	
Date of Birth: _____ **(mm/dd/yyyy)**	**Gender:** Male Female	**Phone:**	
Current address:	**City**	**State**	**Zip Code**

REQUESTOR'S INFORMATION (Person requesting record if person is under 18 y/o)			
Requestor's relationship: Mother Father Guardian Other(describe)_____			
Full name:	**DOB:**	**Phone:**	
Current address:	**City**	**State**	**Zip Code:**

By signing this agreement, **I _____** hereby authorize the Davis County
Print name of requestor
Health Department (DCHD) to release immunization information that may be held by the Utah State Immunization Information System. This information is to be released and sent to the following:

Doctor's office/Healthcare provider School Daycare/Childcare center	
Self (records will be provided or sent to you only if it is your record or a minor child if you are legally authorized)	
Name of organization	**Attention of :**
Fax number :	**Email record to:**
Requestor's signature	Date

Once this form is completed, please print, sign and date. Send form along with a copy of a valid photo ID and/or guardianship proof to DCHD via Email: immunizations@co.davis.ut.us. **Please make sure the copy of your ID and paperwork is legible to read**. If your records are found in our system we will send the records to the destination you requested above. If your records are not found in our system, we will contact you.

For official use only:

Form received:	Status request: Records sent on	☐Not found	☐ Found no vaccines
Staff initials	**Paid ☐ CC ☐ Cash _____**	**Check #**	