

**\*For office use only\***

Chart Number \_\_\_\_\_

**REQUEST FOR IMMUNIZATION RECORD**

Please pull chart and master card if applicable.

Date Requested \_\_\_\_\_ Date completed \_\_\_\_\_ Client notified \_\_\_\_\_

**PLEASE COMPLETE FORM BELOW TO OBTAIN A COPY OF YOUR IMMUNIZATION RECORD:**

To submit: bring to Health Department or Email ([lwilson@caldwellcountync.org](mailto:lwilson@caldwellcountync.org)) or Fax (828-426-8527) to Immunization Coordinator.

Name \_\_\_\_\_  
Last (as on birth certificate) First Middle

Additional last names: (married) \_\_\_\_\_

Mother's Name (Please include maiden name) \_\_\_\_\_  
Last First Maiden

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Cell

Last High School Attended: \_\_\_\_\_  
Please include city and state

**IMPORTANT INFORMATION:** If you request an immunization record and no immunizations have been given at the Caldwell County Health Department, you must contact the last high school you attended (via email or in person only) and request a copy of your immunization record. Caldwell County Schools now require a \$10.00 processing fee per document requested. (Fee does not apply to students currently enrolled in Caldwell County Schools). Caldwell County School website:

[www.caldwellschools.com](http://www.caldwellschools.com)

**WHEN REQUESTING AN IMMUNIZATION RECORD – PLEASE ALLOW UP TO TWO (2) BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED**

**Additional Notes:** \_\_\_\_\_

Thank you.