



Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

IMMUNIZATION RECORD REQUEST FORM FARGO CASS PUBLIC HEALTH

Please complete this form in its entirety. Contact Fargo Cass Public Health (FCPH) Immunization Program at 701-241-1360 if you have questions.

For mail request, return this form to:

**FARGO CASS PUBLIC HEALTH
ATTN IMMUNIZATION PROGRAM
1240 25TH STREET SOUTH
FARGO ND 58103-2367**

Or

For fax request, fax this form to Attention Immunization Program: 701-241-8559

PLEASE PRINT

| | | | |
|--|------|---------------|----------|
| Date of request | | | |
| Client's name | | Date of Birth | |
| Street address | City | State | Zip Code |
| Telephone number | | | |
| What method would you like this information sent? (Please Check) | | | |
| <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pick up at FCPH | | | |
| Address of where immunization record should be sent (if different from above) | City | State | Zip Code |
| Fax number where immunization record should be sent | | | |
| Fax location | | | |
| Name of individual or personal representative of record requested | | | |
| Relationship to person whose record has been requested <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian | | | |
| If parent or guardian is checked above, is the person whose record has been requested <u>less than</u> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (records can only be released to the individual if they are legally an adult) | | | |
| Signature of individual or personal representative | | | |