



# EL PASO COUNTY DEPARTMENT OF HEALTH AND ENVIRONMENT

301 SOUTH UNION BLVD. • COLORADO SPRINGS, CO 80910-3123  
(719) 578-3272 • FAX (719) 578-3192

## IMMUNIZATION RECORD REQUEST

TODAY'S DATE: \_\_\_\_\_

PLEASE INDICATE NUMBER OF COPIES/ORIGINALS: **COPY \$3.00** \_\_\_\_\_ **ORIGINAL \$5.00** \_\_\_\_\_

Required Information (so we can contact you when your records are ready):

YOUR NAME: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

FAX #: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Complete the following information for each patient record requested:

Patient's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Patient's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Patient's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

*Completed forms can be returned to the Health Department, faxed (with cover) to the number above or mailed to 301 S. Union Blvd., Colorado Springs, CO 80910. Please allow up to 7 business days for us to mail, fax or prepare your records for pick-up at the Health Department's Immunization Clinic.*

FOR HEALTH DEPARTMENT USE ONLY: Date Completed \_\_\_\_\_ PA Initials \_\_\_\_\_