



1675 W. Garden of the Gods Rd., Suite 2044  
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[www.elpasocountyhealth.org](http://www.elpasocountyhealth.org)

Prevent • Promote • Protect

## 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 El Paso County Public Health, faxed (with cover) to the number above or mailed to 1675 W. Garden of the Gods Rd., Suite 2044, Colorado Springs, CO 80907. Please allow up to 7 business days for us to mail, fax or prepare your records for pick-up at Public Health's Immunization Clinic.*

**FOR PUBLIC HEALTH USE ONLY:** Date Completed \_\_\_\_\_ PA Initials \_\_\_\_\_