



1675 W. Garden of the Gods Rd., Suite 2044
Colorado Springs, CO 80907
(719) 578-3199 phone
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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 #: _____ **e-mail address:** _____

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 _____