



REQUEST FOR IMMUNIZATION RECORDS

1. Please provide the following information:

Patient's Name: _____

Previous Name(s): _____
(if applicable)

Current Address: _____

City, State and Zip Code: _____

Telephone Number: _____ Cell or Home (circle one)

Date of Birth: _____

Fax Number (including area code): _____
(where record should be faxed)

2. Attach the following information:

Copy of patient's driver's license or photo ID (if 18 years of age or older)

OR

Copy of parent or guardian's driver's license or photo ID

3. Sign and date below:

Signature of Patient or Legal Representative

Date

Print Name of Person who signed as Patient or Legal Representative above

4. Fax to the Ottawa County Health Department listed below.

Holland Office
12251 James Street, 500
Holland, MI 49424
Phone: 616-396-5266

Fax: **616-393-5659**

Hudsonville Office
3100 Port Sheldon
Hudsonville, MI 49426
Phone: 616-669-0040

Fax: **616-669-3039**

Grand Haven Office
1207 S. Beechtree, B
Grand Haven, MI 49417
Phone: 616-846-8360

Fax: **616-844-1778**