

# NEWBORN up to 18 YEARS OLD



## Shot Record Request Form

Toledo Lucas County Health Department 635 N. Erie St. Toledo, Ohio 43604  
FAX: 419-213-4196

Today's Date: \_\_\_\_\_

Name (patient): \_\_\_\_\_ / \_\_\_\_\_  
(First Name) (Middle Initial)  
\_\_\_\_\_  
(Last Name – Including Maiden Name)

Date of birth (patient): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Date) (Year)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Do you need this shot record for social security? Yes No

Can we leave a message at this phone number for you? Yes No

Has this person ever been to Shots for Tots? Yes No

Name of Parent/Guardian (if minor):

\_\_\_\_\_  
(First, Middle, and Last Name)

Current Mailing Address: \_\_\_\_\_  
(Address – please include Apartment #)

\_\_\_\_\_  
(City, State, and Zip Code)

Signature (or parent's signature if minor): \_\_\_\_\_

**Please return this completed form to the Front Desk Staff or fax to 419-213-4196. It can also be mailed to: Toledo-Lucas County Health Dept., Attn: Shots 4 Tots, 635 North Erie Street, Toledo, OH 43604.** Requests for Shot Records will be processed as quickly as possible, but may require up to 72 hours to process. We appreciate your cooperation.

*The Toledo-Lucas County Health Department is an equal opportunity provider.*

Date Completed \_\_\_\_\_ Completed By \_\_\_\_\_