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: (Last Name – Including Maiden Name) Date of birth (patient): ____/ ___/ (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,

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

72 hours to process. We appreciate your cooperation.

Date Completed _____ Completed By _____

OH 43604. Requests for Shot Records will be processed as quickly as possible, but may require up to

19 YEARS OLD and OLDER



Date Completed



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Toledo Lucas County Health Department 635 N. Erie St. Toledo, Ohio 43604 FAX: 419-213-4196 Today's Date: _____ (Last Name – Including Maiden Name) Phone Number: (____)____ Yes Can we leave a message at this phone number for you? 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: Please return this completed form to the Front Desk Staff or fax to 419-213-4200. 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.

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Completed By