

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

The Toledo-Lucas County Health Department maintains the records of patients that have been seen at one of our clinics. We do not have the patient records of physicians that have retired or closed their practices. Many physicians participate in the Ohio Immunization Registry, but it is not mandatory and use by physicians increased around 1995. Although all ages are included in the Registry, it is more likely to contain complete immunization records for children than adults.

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 n Teens? | Yes | No |

Name of Parent/Guardian: _____
(First, Middle, and Last Name)

Current Mailing Address: _____
(Address – please include Apartment #)

(City, State, and Zip Code)

Parent or Guardian Signature: _____

Please return this completed form to the address or fax number above. Records may be picked up on a walk-in basis at the Health Department during business hours. Requests for Shot Records will be processed as quickly as possible, but may require up to 72 hours to process.

All records will be mailed to the address shown above unless requested otherwise.

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

Date Completed _____ Completed By _____

19 YEARS OLD and OLDER



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Today's Date: _____

Name (patient): _____ / _____
(First Name) (Middle Initial)

(Last Name – Including Maiden Name)

Date of birth (patient): _____ / _____ / _____
(Month) (Date) (Year)

Phone Number: (____) _____

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

Current Mailing Address: _____
(Address – please include Apartment #)

(City, State, and Zip Code)

Signature: _____

Please return this completed form to the address or fax number above. Records may be picked up on a walk-in basis at the Health Department during business hours. Requests for Shot Records will be processed as quickly as possible, but may require up to 72 hours to process.

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