



**Public Health**  
Prevent. Promote. Protect.  
Fargo Cass Public Health

## IMMUNIZATION RECORD REQUEST FORM FARGO CASS PUBLIC HEALTH

Please complete this form in its entirety. Contact Fargo Cass Public Health (FCPH) Immunization Program at 701-241-1360 if you have questions.  
For mail request, return this form to:

**FARGO CASS PUBLIC HEALTH  
ATTN IMMUNIZATION PROGRAM  
1240 25<sup>TH</sup> STREET SOUTH  
FARGO ND 58103-2367**

Or

For fax request, fax this form to Attention Immunization Program: 701-241-8559

### PLEASE PRINT

|  |      |               |          |
|--|------|---------------|----------|
| Date of request  |      |               |          |
| Client's name  |      | Date of Birth |          |
| Street address   | City | State         | Zip Code |
| Telephone number   |      |               |          |
| What method would you like this information sent? (Please Check)   |      |               |          |
| <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pick up at FCPH  |      |               |          |
| Address of where immunization record should be sent (if different from above)  | City | State         | Zip Code |
| Fax number where immunization record should be sent  |      |               |          |
| Fax location   |      |               |          |
| Name of individual or personal representative of record requested  |      |               |          |
| Relationship to person whose record has been requested <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian   |      |               |          |
| If parent or guardian is checked above, is the person whose record has been requested <u>less than</u> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (records can only be released to the individual if they are legally an adult) |      |               |          |
| Signature of individual or personal representative   |      |               |          |

**FOR OFFICE USE ONLY**

|              |      |
|--------------|------|
| Completed by | Date |
|--------------|------|