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**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

Hudsonville Office  
3100 Port Sheldon  
Hudsonville, MI 49426

Grand Haven Office  
1207 S. Beechtree, B  
Grand Haven, MI 49417

Phone: 616-396-5266  
Fax: 616-393-5659