



Request for Vaccine Record or Copy of Health Appraisal Form

By signing below I am acknowledging that I will be charged a \$10 copy fee for each copy of my child's Vaccine Record or previously completed Health Appraisal form (If you requesting a new Health Appraisal to be filled out you do not need this form). The fee includes mailing it to me if I am unable to pick it up.

Form Being Requested :

Vaccine Record _____

Health Appraisal Form _____ Date of Well Visit _____

Child's Name: _____ DOB: _____

_____ Please mail the form(s) to my home address on file.

_____ I will pick the form(s) up

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

For Office Use Only:

Date Received: _____ Initials _____

Total Cost: _____ Amount Collected: _____ Initials: _____

Entered and Scanned into Epic: Date: _____ Initials: _____

Patient Called for pick up or Date Mailed: Date _____ Initials: _____