



Franklin County Public Health  
 280 East Broad Street  
 Columbus, Ohio 43215-4562  
 (614) 525-3160  
 www.myfcph.org

# Immunization Record Release

Immunization Program

Print & fill out form and return via **Email** ([shots@franklincountyohio.gov](mailto:shots@franklincountyohio.gov)), **Mail, In-person**, or **Fax** to (614) 525-6673.

A copy of a Photo I.D. (i.e. Driver's license, Passport) of the person requesting the information must be sent with the request.

Please allow 1-2 business days for request to be processed.

## Patient information

Name (First, Last)		Date of Birth	
Address		City	Zip Code

## Person requesting information \*If patient is a minor, person requesting record must be legal guardian.

Name	Relation to patient*
Phone #	Date of request

I authorize Franklin County Public Health (FCPH) to release my medical immunization record to the individual or entity listed below.

Send request via: (Check all that apply)	<input type="checkbox"/> In Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax
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## Mail

Name		
Address		
City	State	Zip Code

## Fax

Fax #	Attention to
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

## Section 3. (Office Use Only)

Request completed by	Title	Date of completion
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