



School Health Services
FAX Transmittal Cover Sheet
Confidential
Request for Immunization Records

Please fax this form to (503) 257-1768

DATE: _____

I am requesting immunization records for:

Table with 3 columns: Student Name, Date of Birth, Last School Attended/Year. Contains 4 rows for student information.

Signature Relationship to Student

Return requested records to FAX#: _____ Contact phone#: _____

The documents accompanying this FAX transmission may contain confidential information under the laws of the State of Oregon and the United States of America. All information transmitted is intended only for the use of the above named recipient. If you are not the named recipient, you are not authorized to read, disclose, copy, distribute, or take any action in reliance on the information and any action other than immediate delivery to the named recipient is strictly prohibited. If you have received this FAX in error, please do not read the information and notify sender immediately at (503) 257-1760 to ensure appropriate handling of information erroneously received. If you are named the recipient, you are not authorized to reveal any of this information to any other unauthorized person. If you do not receive all pages listed, or if pages are not legible, please notify sender immediately by telephone. Thank you.