



Immunization Record Request Form

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification are: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please lighten the copy of the identification cards.**

If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field.

Immunization record requests will be processed within 5-7 business days.

IMMUNIZATION RECORD REQUESTED FOR:			
First Name:		Middle Name:	Last Name:
Date of Birth: / / <small>Month Day Year</small>		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number: () -
Current address:		City:	State: Zip:

REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)			
Requestor's Name:		Requestor's Relationship:	
Current address:		City:	State: Zip:
Phone: () -	E-mail:		
By signing this agreement, I _____ hereby authorize the Arizona Department of Health Services <small>(print name of requestor)</small> (ADHS) to release immunization information that may be held by the Arizona State Immunization Information System of the Arizona Department of Health Services. This information is to be released and sent to the following:			
<input type="checkbox"/> Doctor's office/Health Care Provider <input type="checkbox"/> School <input type="checkbox"/> Daycare/Childcare center <input type="checkbox"/> Self (Records will be sent to you only if it is your record)			
Recipient/To the Attention of:		Name of Organization:	
<input type="checkbox"/> Fax record to fax number:		Phone number: () -	
<input type="checkbox"/> Email record to email address:			
Requestor's Signature:		Date: / /	

Once this form is completed, please print, sign and date. Send form along with supporting documents to ASIIS via Email, Fax or Mail.

Email: ASIISHelpDesk@azdhs.gov

Fax: 602-364-3285 ATTN: ASIIS Records Request

Mail: Arizona Department of Health Services/Immunization Program-ASIIS
150 North 18th Ave., Suite 120
Phoenix, AZ 85007

If your records are found in our system we will send the records to the destination you requested above.

If your records are not found in our system, we will contact you.