Citywide Immunization Registry
We help you call the shots!
www.nyc.gov/health/cir

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Mary T. Bassett, M.D., M.P.H.,
Commissioner

Phone: (347) 396-2400
Fax: (347) 396-2559

Immunization Record Request Application

PLEASE PRINT CLEARLY.

Applicant's Information

Last Name: _____

First Name: _____ Middle Name:_____

Sex: ☐ Male ☐ Female

Date of Birth: mm/dd/yyyy ☐☐/☐☐/☐☐☐☐
month day year

Medicaid Number (*if applicable*): ☐☐☐☐☐☐☐☐

_____
STREET ADDRESS APT #

_____
CITY STATE ZIP CODE

APPLICANT'S PHONE: ☐☐☐-☐☐☐-☐☐☐☐

FAX TO: ☐☐☐-☐☐☐-☐☐☐☐ Please provide fax number if requesting record by fax.

_____
NAME OF HOSPITAL WHERE APPLICANT WAS BORN

_____
NAME OF HEALTH CARE PROVIDER

HEALTH CARE PROVIDER'S PHONE: ☐☐☐-☐☐☐-☐☐☐☐

Mother's Maiden Name (name before marriage):

Last Name: _____ First: _____

Mother's Date of Birth: ☐☐/☐☐/☐☐☐☐
month day year

Parent Information (if applicant is a minor)

Relationship to Child: ☐ Mother ☐ Father ☐ Guardian ☐ Other _____
(please describe, e.g. grandparent)

_____ _____
LAST NAME FIRST NAME

This is to certify that I am the parent, guardian, custodian, or other such person in parental relationship to the child listed above, or the individual to whom the record relates. I understand that all information submitted to the Citywide Immunization Registry will be kept confidential in accordance with section 11.11(d) of the NYC Health Code and New York State Public Health Law 2168.

_____ _____
Signature of Applicant **Date**

For Official Use Only:
Date Form Received:
___/___/____
Status of Request
__ Record Sent
___/___/___
__ Record Not Found
__ Record Found, no imm.
__ Form Incomplete
Staff Initials: _____

To Request an Immunization Record by Mail or Fax:

(1) Complete the *Immunization Record Request Application.*
(2) Attach a clear copy of a valid photo ID, such as, driver's license or passport.
(3) Mail or fax both the completed application & copy of ID.

MAIL:
NYC Dept. of Health and Mental Hygiene – Citywide Immunization Registry
42-09 28th Street, 5th Fl., CN 21
Long Island City, NY 11101-4132

FAX:
(347) 396-2559

Once the completed form is received you will be sent a response, usually within seven business days by mail, or two business days by fax.

To Request an Immunization Record in Person:

You may visit us, Monday to Friday between 9:00 a.m. – 5:00 p.m. to obtain a record the same day. Please bring a valid photo ID, such as, driver's license or passport.

BEFORE YOUR VISIT, CALL:
(347) 396-2400

NYC DOHMH--
Bureau of Immunization
Two Gotham Center
42-09 28th Street
Long Island City, NY 11101

Nearest subways:
N, Q, or R to Queensboro Plaza;
E, M or R to Queens Plaza;
E, G or M to 23rd Street/Ely Avenue;
7 to 45th Road/Courthouse Square