



IMMUNIZATION RECORD REQUEST
NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 58454 (11-09)

Please complete this form in its entirety. Contact the North Dakota Department of Health (NDDOH) Immunization Program at 701.328.3386 or 800.472.2180 if you have questions.

Return this form to: N.D. Department of Health
Division of Disease Control
Attn: Immunization Program
2635 East Main Ave
PO Box 5520
Bismarck, ND 58506-5520 or

Fax this form to: 701.328.2499

PLEASE PRINT

Date of request:			
Name of record requested:			
Street address:	City:	State:	Zip Code:
Telephone number:			
Date of birth:			
What method would you like this information sent? (Please Check): <input type="checkbox"/> Fax <input type="checkbox"/> Mail			
Address of where immunization record should be sent (if different from above):	City:	State:	Zip Code:
Fax number where immunization record should be sent:			
Name of individual or personal representative of record requested:			
Relationship to person whose record has been requested: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
Signature of individual or personal representative:			
Date:			

Note: This form will be kept on file at the NDDoH for one year from date of request.