



SNOHOMISH
HEALTH DISTRICT
WWW.SNOHD.ORG

Fax

To:

Receiver's name: Health Information Mgr.	Fax #: 425.339.5255
# of pages faxed:	Receiver's phone #: 425.399.8673
Receiver's address: Snohomish Health District 3020 Rucker Ave., Suite 104 Everett, WA 98201	

From:

Date:
Sender:
Sender's phone #:

Type of information requested:

- ☐ Immunization record
- ☐ First source documentation of immunization record (may be required for university)
- ☐ TB skin test result
- ☐ Lab/blood test result

Special instructions: _____

Please check a box:

- ☐ Please fax this record to:
Fax #: _____
Name: _____
- ☐ Please mail this record to:
Name: _____
Address: _____
- ☐ I will pick this record up at the Snohomish Health District, 3020 Rucker Ave., Suite 104, Everett, WA

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- 2) This information may be disclosed to you from records whose confidentiality is protected by state law and/or may be protected by federal confidentiality rules. In this event, state law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by state law.

Incorporated in 1959, the Snohomish Health District works for a safer and healthier community through disease prevention, health promotion, and protection from environmental threats. Find more information about the Health District at www.snohd.org.