

Available and Unavailable Immunization Records

SECTION I – IMMUNIZATION RECORDS

Please send immunization records for _____ to the address of the program site he or she will be attending (addresses listed below). If you are unable to provide immunization records please fill out Section II at the bottom of this form.

Unyeway, Inc. Lakeside

11440 Riverside Dr. Suite D.
Lakeside, CA. 92040
(619) 562-6330 p
(619) 562-6547 f

Unyeway, Inc. Oceanside

4065 Oceanside Blvd. Suite J
Oceanside, CA. 92056
(760) 643-9394 p
(760) 643-9616 f

Unyeway, Inc. Chula Vista

1261 3rd Ave. Ste G
Chula Vista, CA. 91911
(619) 691-6346 p
(619) 691-6963 f

SECTION II – UNAVAILABLE IMMUNIZATION RECORDS

Immunization records for _____ are not available.

Signature

Date

Printed Name

Relationship

Contact Phone Number