MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE

REQUEST FOR OFFICIAL STATE OF MISSOURI IMMUNIZATION RECORDS

930 Wildwood Drive
Jefferson City, MO 65109
573.751.6124
FAX: 573.526.0238

Please complete this form by typing or printing all required fields indicated by an asterisk (*).
Fax this request to 573.526.0238 Please call 573.751.6124 for assistance.

PATIENT INFORMATION

*FIRST NAME	*LAST NAME	MIDDLE NAME	MAIDEN NAME (IF APPLICABLE)

*DATE OF BIRTH (MONTH/DAY/YEAR)	GENDER	DEPARTMENT CLIENT NO. (DCN) OR MEDICAID NO.
	☐ MALE ☐ FEMALE	

*LAST FOUR DIGITS OF SSN		*CURRENT ADDRESS AND TELEPHONE		*PREVIOUS ADDRESS AND TELEPHONE
	OR		**AND**	

*REQUESTOR RELATIONSHIP TO CLIENT

☐ HEALTHCARE PROFESSIONAL ☐ SCHOOL ☐ CHILDCARE ☐ PARENT/GUARDIAN/CUSTODIAN ☐ SELF
☐ OTHER (PLEASE SPECIFY)

REQUESTOR INFORMATION

*FIRST NAME	*LAST NAME

*ORGANIZATION	TITLE

EMAIL ADDRESS	*TELEPHONE NUMBER	FAX NUMBER

ADDRESS	CITY	STATE	ZIP CODE

*INDICATE HOW IMMUNIZATION RECORD SHOULD BE SENT TO REQUESTOR

☐ FAX ☐ EMAIL (ENCRYPTED FOR CONFIDENTIALITY) ☐ US MAIL

SIGNATURE

REQUESTOR SIGNATURE

FOR BIAA STAFF USE ONLY (CHECK, DATE AND INITIAL ONCE COMPLETE)

	INITIALS/DATE
☐ SENT ☐ DENIED	