



**Public Health**  
Prevent. Promote. Protect.

**Butler County  
Health Department**

**IMMUNIZATION RECORD REQUEST FORM**

**Name on Immunization Record:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print name of person requesting the record (Must be self, parent, or legal guardian)

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Requested: \_\_/\_\_/\_\_\_\_

I would like to: Pick up record Have it mailed to me

Please allow \_\_\_\_\_ to pick up my records.

***PLEASE ALLOW 7 – 10 BUSINESS DAYS FOR YOUR IMMUNIZATION RECORD TO BE AVAILABLE. PLEASE ALSO NOTE – DUE TO THE HIGH VOLUME OF REQUESTS, WE ADVISE YOU TO CALL BEFORE COMING TO PICK UP YOUR RECORDS. THANK YOU.***

***To be completed at time of pick up:***

Please print the name of the person picking up the records: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Cost \$2.00 per copy

Cash/Money Order

**No Personal Checks Allowed**

*Effective 4/8/2024*

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[www.butlercountyohio.org/health](http://www.butlercountyohio.org/health)