NEWBORN up to 18 YEARS OLD

Shot Record Request Form

Toledo Lucas County Health Department 635 N. Erie St. Toledo, Ohio 43604
FAX: 419-213-4196

Today's Date: _____

Name (patient): _____ / _____
(First Name) (Middle Initial)

_____
(Last Name – Including Maiden Name)

Date of birth (patient): _____ / _____ / _____
(Month) (Date) (Year)

Phone Number: (_____) _____

Do you need this shot record for social security? Yes No

Can we leave a message at this phone number for you? Yes No

Has this person ever been to Shots for Tots? Yes No

Name of Parent/Guardian (if minor):

_____
(First, Middle, and Last Name)

Current Mailing Address: _____
(Address – please include Apartment #)

_____
(City, State, and Zip Code)

Signature (or parent's signature if minor): _____

Please return this completed form to the Front Desk Staff or fax to 419-213-4196. It can also be mailed to: Toledo-Lucas County Health Dept., Attn: Shots 4 Tots, 635 North Erie Street, Toledo, OH 43604. Requests for Shot Records will be processed as quickly as possible, but may require up to 72 hours to process. We appreciate your cooperation.

The Toledo-Lucas County Health Department is an equal opportunity provider.

Date Completed _____ Completed By _____