



SHOT RECORD REQUEST FORM

Patients Full Name: _____

Could this record be recorded under any other name? Yes _____ No _____

If Yes, Please give that name: _____

Patient's Date of Birth: _____

Mother's Full Name: _____

Father's Full Name: _____

Reason for Request: _____

What is your relationship to the Patient? _____

Only the custodial parent(s) or legal guardian can obtain shot records.

Patient must have received vaccines from Porter County Health Department in order for us to provide shot records.

Identification is required of person making request.

Copy of Driver's License or State ID needs to be included with all requests.

Fee: \$2.00

You will be provided instructions for accessing MyVax along with your PIN for accessing shot records.