



Parent Request for Immunization Record Application

PLEASE PRINT CLEARLY

Child's Information

Last: _____ First: _____ Middle: _____

Sex: Male Female

Date of Birth:

/ /

Medicaid Number (if applicable):

NAME OF HOSPITAL WHERE CHILD WAS BORN

NAME OF HEALTH CARE PROVIDER

PROVIDER'S TELEPHONE NUMBER:

- -

Mother's Maiden Name (name before marriage)

Last: _____ First: _____

Mother's Date of Birth:

/ /

Applicant Information

Relationship to Child: Mother Father Guardian Other _____
(please describe, e.g. grandparent)

LAST NAME

FIRST NAME

STREET ADDRESS

APT #

CITY

STATE

ZIP CODE

PHONE

- -

FAX TO

- -

This is to certify that I am the parent, guardian, custodian, or other such person in parental relationship to the child listed above, or the individual to whom the record relates. I understand that all information submitted to the Citywide Immunization Registry will be kept confidential in accordance with section 11.07 (d) of the NYC Health Code.

Signature of Applicant

Date

For Office Use Only

Date Form Received:

____/____/____

Status of Request

Record Sent

____/____/____

Record Not Found

Record Found, no imm.

PRIAR Incomplete

Staff Initials

PLEASE ATTACH A SELF-ADDRESSED STAMPED ENVELOPE WITH ANY REQUEST

To Request an Immunization Record by mail:

Persons requesting a copy of a child's immunization record from the Citywide Immunization Registry (CIR) may either directly mail the completed Parent Request for Immunization Record form or use our office "drop off" box. Once the completed form is received you will be sent a response usually within two business days.

Send mail requests to:
 New York City
 Department of Health and Mental Hygiene
 Citywide Immunization Registry -CN# 64R
 125 Worth Street, New York, NY 10013

To Request Using the "CIR DROP-OFF BOX"

Persons using the CIR "drop off" box may bring their request directly to the NYC DOHMH Bureau of Immunization office which is located at 2 Lafayette Street, 19th Floor (between Duane St. and Reade St). Once the completed form is received you will be sent a response usually within two business days.

Note: There is no charge for a copy of the immunization record.