# **PhilaVax** Immunization Record Request Form

Proper identification is required for record retrieval (such as a Driver's License, State ID, or Passport). Attach a copy of your ID with this request.

#### **Immunization Record Request**

#### COVID-19 Vaccine Record Request

## **Patient Information**

Last Name	First Name	Middle Name	
Date of Birth	Address		
City	State	Zipcode	

### **Requester Information**

Last Name	First Name	Middle Name	
Relationship to Patient (self, mother, etc)	Address		
City	State	Zipcode	
Phone Number	Fax Number	Email	
Signature		Today's Date	

Fax Number: 215-238-6944

Scan and email: PhilaVax@phila.gov

**Mail: PhilaVax** 1101 Market St., 12th Fl. Philadelphia, PA 19107

For Official	Use	Only:
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Approved By: \_\_\_\_\_

Date:\_\_\_\_\_

Type of ID: \_\_\_\_\_

ID #:\_\_\_\_\_

Philadelphia Department of Public Health - Division of Disease Control - Immunization Program - Inventory & Ordering 1101 Market St. Floor 12, Philadelphia, PA, 19107 | **vaccines.phila.gov** | **PhilaVax@phila.gov** | **02.2023** 

