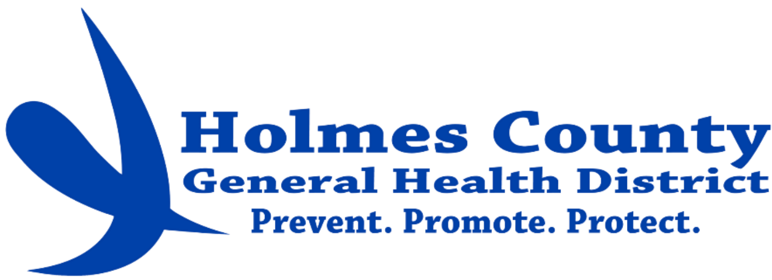

Health Commissioner
Michael Derr, MBA
mderr@holmeshealth.org

Board of Health

President
Misty Burns
Knox Township
.

Pro-tem President
Kurt Rodhe
Millersburg Village

Members
J. Eric Miller, MD
Walnut Creek Twp.

Paul Miller
Berlin Twp.

Scott Balder
Mechanic Twp.

HOLMES COUNTY HEALTH DISTRICT
IMMUNIZATION RECORD REQUEST

Person Making Request____ Today's Date:__________

I would like to obtain the following medical record(s):
NOTE: Permission must be signed by client (if age 18 or over) or by parent of underage client.

Client Full Name | Client Birthdate | Relationship to Client

____

____

Please select ONE option below indicating where you would like this medical record to be forwarded.
PLEASE PLACE YOUR INITIALS ON THE LINE IN FRONT OF YOUR SELECTION TO INDICATE YOUR CHOICE.
Then mail, fax, email or bring completed form to:

Holmes County Health District
Po Box 272, Millersburg, OH 44654 * 330-674-5035 * Fax 330-674-2528

____ Please notify me by telephone at the following number(s) that the record is available to be picked up.

Phone Number ______________________________________

____ Please **fax** record to the following person/agency(s) (please include fax number)

Person/Agency ___________________________ Fax Number______________

____ Please **mail** record to the following address (include person/school/agency name):

Name:____

Address:______________________ City_________________ State________ Zip____________

____ Client/parent taking record with them today.

I give authorization for the information in this medical record to be released by telephone, fax, or mail, as indicated above, to the person/agency(s) listed above, and I have received and/or read and understand your Notice of Privacy Practices regarding the uses and disclosures of my/child's health information.

Client/Parent signature____ Date____________________

Requested completion date____________________ Completed by___________________________