



Immunization Record Transfer Request

Please Print or Type Legibly

Today's Date:

Full Legal Name (as it appears on the birth certificate) Last, First, Middle, Suffix			
Sex (Circle One): Male Female	Race:	Ethnicity:	Date of Birth(mm/dd/yyyy)
Grade in School This Year if Applicable:		Allergies:	

Physical Address:			
City:	State:	Zip Code:	County:

Mailing Address (If Different):			
City:	State:	Zip Code:	County:

Language:	Phone Number (With Area Code)
Email:	

Parent/ Guardian Information

Relationship to Client (Circle One): Father Mother Guardian
Name (Last, First, Middle)

***** SEND ALL IMMUNIZATION RECORDS WITH THIS FORM*****

- Option 1: Fax to 352-334-7943
- Option 2: Mail to Florida Department of Health in Alachua County, ATTN: Immunizations
224 SE 24th Street, Gainesville, FL 32641
- Option 3: Drop off in person at any of our three locations
 - East Gainesville- 224 SE 24th Street, Gainesville FL 32641
 - Alachua Clinic- 15530 NW US HWY 441, Alachua FL 32615
 - Southwest Gainesville- 816 SW 64th Terrace, Gainesville FL 32607
- A fee of \$10.00 is due upon submission of transfer form. A current working phone number is also required to process the transfer.