

## Out-of-State/Country Immunization Record Transfers

Today's Date: \_\_\_\_\_

### Patient Identification:

Full Legal Name (as it appears on the birth certificate)

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix (Jr., sr., I, II, III)

Sex (Circle One): Male    Female

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade in School this Year if applicable \_\_\_\_\_

### Patient Information:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Language: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Guardian Information:

Relationship to Patient (Circle One): Father Mother Guardian

\_\_\_\_\_  
Last Name:                                      First Name:                                      Middle Name:

**\*\*\*SEND ALL OUT-OF-STATE/COUNTRY 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 24<sup>th</sup> Street; Gainesville, FL 32641
- Option 3: Drop off in Person at our East Gainesville location - 224 SE 24<sup>th</sup> Street; Gainesville, FL 32641 OR Alachua Clinic location – 15530 NW US Hwy 441; Alachua, FL 32615 OR SW Clinic location – 816 SW 64<sup>th</sup> Terrace; Gainesville, FL 32607