



REQUEST FOR IMMUNIZATION REPORT

HEALTH INFORMATION MANAGEMENT: COMPREHENSIVE FAMILY HEALTHCARE CENTER
PHONE: 404-752-1000 FAX: 404-752-1191

TODAY'S DATE: _____

CHILD'S NAME: _____ DOB: _____ MRN: _____

GUARDIAN / PARENT(S) REQUESTING THE FOLLOWING

- Form 3231 (Immunizations)
- Form 3300 (Eye/Ear)
- Physician Examination (Authorization Required)
- College and Camp Form

I, _____, authorize the release of above documentation inclusive of PHI to the agency indicated below.

By signing you are hereby authorizing *Morehouse Healthcare* to release the requested information identified above.

PARENT'S SIGNATURE: _____
Signature/ Legal guardian signature for minors

TELEPHONE NUMBER: _____

PARENT WILL PICK UP

EMAIL FORM(S) TO PARENT: _____
EMAIL

FAX FORM(S) TO PARENT: _____
FAX #

FAX FORM(S) TO SCHOOL: _____
NAME FAX #

FAX FORM(S) TO DAYCARE: _____
NAME FAX #

MAIL TO: SCHOOL DAYCARE PARENT

MAILING ADDRESS: _____

CITY, STATE AND ZIP: _____

TELEPHONE NUMBER: _____

NURSE COMMENTS:

- CALLED PARENT / SPOKE WITH PARENT
- LEFT MESSAGE
- NEED TO SCHEDULE APPOINTMENT
- REQUEST COMPLETED Nurse's Initials _____

HIM COMMENTS: PICKED UP MAILED FAXED Date: _____ HIM Initials _____

TAKES 3 TO 5 BUSINESS DAYS TO PROCESS

Revised 4/2/14