



REQUEST FOR IMMUNIZATION REPORT
HEALTH INFORMATION MANAGEMENT: HOWELL MILL ROAD OFFICE
PHONE: 404-756-1425 FAX: 404-756-1490

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