

Request for Immunization Records

Child's Name _____

According to our records your child does not have an updated

immunization record on file. Please have his/her updated

record to us by _____. You

may either turn it in to the black mailbox by the sign in table or

have your doctor fax a copy to us at (903)657-6144.

Please note that the immunization record must fit one of the following criteria:

(1) An official immunization record generated from a state or local health authority such as the Texas Immunization Registry (ImmTrac). The record must include:

- (A) The child's name and date of birth;
- (B) The type of vaccine and number of doses; and
- (C) The month, day, and year the child received each vaccination; or

(2) An official immunization record or photocopy from a doctor's office or a pharmacy. The record must include:

- (A) The child's name and date of birth;
- (B) The type of vaccine and number of doses;
- (C) The month, day, and year the child received each vaccination;
- (D) The signature (including a rubber stamp or electronic signature) of the health-care professional who administered the vaccine, or another health-care professional's documentation of the immunization as long as the name of the health-care professional that administered the vaccine is documented; and
- (E) Clinic contact information, if the immunization record is generated from an electronic health record system.