



**Richland County  
Health Department**  
Prevent. Promote. Protect.

## IMMUNIZATION RECORD REQUEST FORM RICHLAND COUNTY HEALTH DEPARTMENT

**Please complete this form in its entirety to receive record.** Contact Richland County Health Department (RCHD) Immunization Program at 701-642-7735 if you have any questions.

For mail request, return form to:

**RICHLAND COUNTY HEALTH DEPARTMENT  
413 3<sup>RD</sup> AVE NORTH WAHPETON, ND 58075**

For email request, return to:

**healthinfo@co.richland.nd.us**

<b>Client Name (First, middle, last)</b>		<b>Maiden Name</b>	
<b>Date of Birth</b>		<b>Date of Request</b>	
<b>Street address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>What method would you like this information sent? (Please check)</b>			
<input type="checkbox"/> <b>Pick up at RCHD within 14 days</b>			
<input type="checkbox"/> <b>Mail</b>			
<input type="checkbox"/> <b>Email (I verify I will be receiving on a secure email)</b>			
<b>Who will be picking up:</b> _____		<b>Email:</b> _____	
<b>Address of where record should be sent (if different from above)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Relationship to the person whose record has been requested (Must show proof of guardianship/DPOA)</b>			
<input type="checkbox"/> <b>Self</b> <input type="checkbox"/> <b>Parent</b> <input type="checkbox"/> <b>Guardian</b> <input type="checkbox"/> <b>Durable Power of Attorney for Health Care</b> <input type="checkbox"/> <b>Legal Custodian</b>			
<b>Is the person whose record has been requested <u>less than</u> 18 years of age?</b>			
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No (records can only be released to the individual if they are legally an adult)</b>			
<b>Print name of individual requesting record</b>		<b>Telephone number</b>	
<b>Signature (if signed electronically, I agree that my signature is the legal equivalent of my manual/handwritten signature)</b>			
<b>FOR OFFICE USE ONLY</b>		<b>COMPLETED BY</b>	<b>DATE</b>

1/11/2022