

IMMUNIZATION RECORD TRANSFER REQUEST

OLDHAM COUNTY HEALTH DEPARTMENT

1786 COMMERCE PARKWAY

LAGRANGE, KENTUCKY 40031

PHONE: 502-222-3516 FAX: 502-222-0816

Contact Person: Lora Head

Client's Name: _____ DOB: _____

SSN: _____ Gender: Female Male

Race/Ethnicity: White Black Hispanic Other: _____

Parent or Legal Guardian Name: _____

Home Address: _____

Street or PO Box

City

State

Zip

Phone: _____

Home

Mobile

Date copies of records left at health department: _____

School planning to attend: _____ Grade attending: _____

The immunization record will be transferred into the Kentucky Immunization Registry Program. A certificate will be mailed to the district school nurse at the Board of Education within one week of records being left at the health department. The district school nurse will then forward the certificate to the appropriate school.

If the client is in need of vaccines, the health department will issue a provisional certificate. The parent or guardian will be notified of the need for immunizations, and provided with an appointment or referred to their private physician. Once the client has received the immunizations, an up-to-date certificate can be issued.

Does this child have insurance to cover vaccinations? Yes No

Does this child have a private doctor? Yes No

Parent or Legal Guardian Signature

Date

OCHD Signature

Date

**A copy of this should be given to the parent/guardian to give to the school.

Date Certificate Mailed to Board of Ed: _____

OCHD Signature

OCHD-18 Vaccine Transfer