

OLDHAM COUNTY HEALTH DEPARTMENT
1786 COMMERCE PARKWAY
LAGRANGE, KENTUCKY 40031
PHONE: 502-222-3516 FAX: 502-222-0816

IMMUNIZATION RECORD TRANSFER REQUEST

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

County

State

Zip

Phone: _____

Home

Mobile

Date copies of records left at health department: _____

School planning to attend: _____

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

Has this child ever had Chickenpox? Yes No

If yes, when? _____

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