



BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org

THERE IS A \$20.00 Non-Refundable Fee FOR EACH RECORD REQUEST

REQUEST FOR IMMUNIZATION RECORDS

DATE OF RECORD REQUEST _____

NAME: _____
First Last (Maiden Name)

D.O.B.: _____ TEL. NO: Home _____
Cell _____

ADDRESS: _____

City/Town State Zip Code

Did you graduate from a Bristol Public School? YES _____ NO _____

If yes, School Name: _____ Year of Graduation _____

If no, date left Bristol Public School system: _____

NOTE: Bristol-Burlington Health District does not store health records for the Bristol Technical School or for the Parochial Schools. Records are stored only back to 1979 for the Public School students.

For Office Use Only

CALLED FOR PICKUP: _____
PICK-UP DATE: _____
MAILED DATE: _____