

*\$20.00 NON-REFUNDABLE FEE
FOR EACH RECORD REQUEST

* BBHD HAS 10 BUSINESS DAYS
TO RESEARCH YOUR RECORDS



REQUEST FOR SCHOOL IMMUNIZATION RECORDS

TODAY'S DATE: _____

NAME: _____
First Last (Maiden Name)

D.O.B.: _____ TEL. NO: HOME _____
CELL _____

ADDRESS: _____
Street Name

City/Town State Zip Code

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

If yes, please list name of school: _____ Year of Graduation: _____

If no, please list name of Bristol Public School last attended: _____

Last Year of Attendance in the Bristol Public School System: _____

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

For Office Use Only

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

PAID
CASH _____
CHECK# _____

rev: 04/08/2013