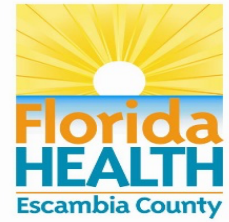


Instructions for Submitting Out-of-State/Country Immunization Record Transfers



1. Complete and submit the following information to FDOH-Escambia **at least three weeks prior to school orientation/registration**:
 - Copies of child's immunization records with name and date of birth on each page.
 - Completed **Out-of-State/Country Immunization Record Transfers Form**.
2. Include the child's name and date of birth on all documentation. Write all information **legibly**.
3. **ALWAYS** keep copies for your records. Never submit original documents.
4. Immunization documentation can be submitted in any of the following ways:
 - **Option 1—Fax:** Florida Department of Health in Escambia County, School Health Division, at **(850) 595-0274—Please include a cover sheet**
 - **Option 2—Mail: Florida Department of Health in Escambia County, ATTN: Immunizations, 1295 West Fairfield Drive, Pensacola, FL 32501.**
Please do not send original immunization records
 - **Option 3—Drop Off in Person:**
 - at our main location—**1295 West Fairfield Drive, Pensacola, FL 32501** at the **Window 7**. Clients will need to take a number and wait to submit paperwork.
5. All records will be processed in **one week**. Parents will be notified by a nurse if their child's vaccination history is not complete. Records submissions with **illegible** and/or **incomplete** patient information **will not be processed**.
6. Copies of immunization records can be picked up **in-person** at our main location—1295 West Fairfield Drive, Pensacola, FL 32501, at the **Medical Records Department, Window 8 or 9**. We cannot email or fax records back to you.

Out-of-State/Country Immunization Record Transfers



Today's Date: _____

Patient Identification:

Full Legal Name (as it appears on the birth certificate)

Last Name First Name Middle Name Suffix (Jr., Sr., I, II, III)

Sex (Circle One): Male Female Race (Circle one): (American Indian/Alaskan) (Asian Indian) (Black/African American)
(Chinese) (Filipino) (Guamanian/Chamorro) (Hawaiian) (Japanese) (Korean) (Other Asian)
(Other Nonwhite) (Other Pacific Islander) (Samoan) (Vietnamese) (White) (Unknown)

Date of Birth (MM/DD/YYYY): ____/____/____

Grade in School this year (if applicable): _____ Name of School Attending this year: _____

Patient Information:

Physical Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

County: _____

Language: _____ Phone: (____) ____ - _____ E-mail Address: _____

Parent/Guardian Information:

Relationship to Patient (Circle One): Father Mother Guardian

Last Name First Name Middle Name

My signature below indicates that I authorize the Florida Department of Health in Escambia County to enter my child's information listed above into Florida Shots, the state's immunization registry.

Parent/Guardian Signature

Date

****SEND ALL OUT-OF-STATE IMMUNIZATION RECORDS WITH THIS FORM****

****SEE REVERSE FOR INSTRUCTIONS TO SEND THIS FORM (#4)****