



# KENDALL COUNTY HEALTH DEPARTMENT

811 W. John Street, Yorkville, IL 60560-9249 630/553-9100 Administration Fax 630/553-9506



**Public Health**  
Prevent. Promote. Protect.

## REQUEST FOR IMMUNIZATION RECORDS

**YOU MUST BE A PARENT OR LEGAL GUARDIAN TO REQUEST A COPY OF A CHILD'S IMMUNIZATION RECORD.**

Please fill out the following information.

I, \_\_\_\_\_, am requesting a copy of mine or my child's immunization record  
Client, Parent, or Legal Guardian

from the Kendall County Health Department. The information may be released to the child's school district through their 18th birthday.

**CLIENT OR CHILD(S) NAME:**

**Date of Birth:**

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\_\_\_\_\_  
**Client Signature or Parent/Legal Guardian**

\_\_\_\_\_  
**Signature Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone Number**

A KCHD staff member will contact you when records are ready for pick up. All records must be picked up at front desk with valid identification.