



TRUMBULL COUNTY COMBINED HEALTH DISTRICT

Frank J. Migliozi, MPH, REHS/RS

Health Commissioner

176 Chestnut N.E. • Warren, Ohio 44483

www.tcbh.org



Public Health
Prevent. Promote. Protect.

RELEASE OF IMMUNIZATION RECORD

You must be a parent or legal guardian for the child whose record you are requesting or of legal age for your own record. Please fill out the information below, sign, date, and return by email, fax, or mail.

1. Name: _____

Date of birth: _____

2. Name: _____

Date of birth: _____

3. Name: _____

Date of birth: _____

4. Name: _____

Date of birth: _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE THE RECORD (PLEASE CHOOSE ONE):

E-mail _____ Fax _____

Mail _____
Street City State Zip

I, _____ hereby give permission to Trumbull County Combined Health District to release a copy of the immunization records for all persons named.

Signature

Date

Phone number

OFFICE: (330) 675-2489 * FAX: (330) 675-2494 * CLINIC FAX: (330) 675-7875