

# RQHR IMMUNIZATION RECORD REQUEST

**Cost of Immunization Record - \$ 20.00**

## Demographic Information

**Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last Name First Name

**Maiden or Alternate Names**(if applicable): \_\_\_\_\_

**Health Card #:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Daytime Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street address City/Town Province Postal Code

By signing below, I consent to Public Health to access my immunization record on the secure provincial electronic database called Panorama.

\_\_\_\_\_ / \_\_\_\_\_  
Date Client / Guardian Signature

## SUBMIT Your Immunization Record Request (CHOOSE ONLY ONE)

|                  |   |
|------------------|---|
| <b>Fax to:</b>   | <b>306.766.7906</b>   |
| <b>Mail to:</b>  | <b>Record Requests<br/>M173, 2110 Hamilton St.<br/>Regina, SK S4P 2E3</b>   |
| <b>Email to:</b> | <b><u><a href="mailto:travelclinic@rqhealth.ca">travelclinic@rqhealth.ca</a></u></b><br>I understand that emailing may not be a secure method to forward my confidential personal health information. |

## Choose the Method to OBTAIN Your Immunization Record (Indicate with an "X")

|   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Fax</b><br>Number: _____<br>Attn: _____ | <input type="checkbox"/> <b>Mail</b><br>Ensure your mailing address listed above is complete and legible. | <input type="checkbox"/> <b>Pick-Up at Office</b><br>Office is located at 2110 Hamilton St.<br>Monday - Friday 8:00 am-4:15pm<br>Cash, Visa, Mastercard & Debit accepted |
|---|---|--|

**Immunization record requests can take up to 7 business days to process.  
You will be contacted via telephone when record is ready.**

**Unless you have chosen the pick-up method, we will require payment of Visa or MasterCard before sending out your record.**

### For Office Use Only

Client Contacted: \_\_\_\_\_

