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**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.**
1. Include the child’s name and date of birth on all documentation. Write all information **legibly**.
2. **ALWAYS** keep copies for your records. Never submit original documents.
3. 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.

1. 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.
2. 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.

Form Date: July 23, 2020

**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)\*\***

Form Date: July 23, 2020