

REQUEST FOR IMMUNIZATION RECORD FROM PUBLIC HEALTH

OFFICE USE ONLY	
Date Received (YYYY/MON/DD):	Date Completed (YYYY/MON/DD):
<input type="checkbox"/> PANORAMA <input type="checkbox"/> PAPER MCH9 CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> FAX <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/> EMAIL	

Public Health immunization records are health records and are subject to the Personal Health Information Act (PHIA). A client may request their immunization record using the approved Public Health process. There are certain situations where a citizen may make a request on behalf of another such as a parent / legal guardian / substitute decision-maker. The same process is used to request an immunization record on behalf of another individual.

Consent to release an immunization record is set at 16 years of age or older

- Individuals who have not reached the age of 16 may consent to the release of an immunization record when Public Health deems their consent to be appropriate / acceptable as a mature minor.
- Any individual who does not have capacity to consent the parent / legal guardian or substitute decision-maker must consent to release of the immunization record.

Public Health may not have your complete immunization history. You may need to contact your family physician, pharmacy or other provider such as a Community or Travel Clinic. Please contact them directly.

1. CLIENT IDENTIFICATION INFORMATION (please print clearly)

Last Name: _____	First Name: _____	Middle Initial: _____
Full Mailing Address (include postal code): _____		
_____		_____
Town/City		Postal Code
Previous Surname: _____	Alternate First Name: _____	
Nova Scotia Health Card Number: _____	Date of Birth (YYYY/MON/DD): _____ / _____ / _____	
Daytime telephone number: _____	Cell phone number: _____	_____
Area Code Telephone Number	Area Code Telephone Number	

2. SCHOOL INFORMATION – Schools attended in Nova Scotia (if applicable). For School Immunization Program requests, please contact the Public Health office closest to the school attended.

Elementary School(s): _____	Year(s): _____
Middle / Junior High School(s): _____	Year(s): _____
High School(s): _____	Year(s): _____
<input type="checkbox"/> Western Zone <input type="checkbox"/> Central Zone <input type="checkbox"/> Northern Zone <input type="checkbox"/> Eastern Zone	



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3. I AUTHORIZE THE RELEASE OF MY IMMUNIZATION RECORD TO THE FOLLOWING PERSON(S) OR ORGANIZATION:

_____ (Name of Person or Organization such as day care, sport organization or college, to receive information)				
_____ (Address)		_____ (City/Town)		
_____ (Province)		_____ (Postal Code)		
_____ (Area Code)	_____ (Telephone Number)	_____ (Area Code)	_____ (Fax Number)	_____ (Email)

4. CLIENT SIGNATURE (required for the request to be valid)

I give permission to Public Health (Nova Scotia Health) to release my Immunization Record to myself or the person / organization named in Section 3.

_____ (Client signature)	_____ Date (YYYY/MON/DD)
_____ (Parent / Legal Guardian / Substitute Decision-Maker Signature)	_____ Date (YYYY/MON/DD)

(Relationship to the client [parent / legal guardian / substitute decision-maker])

- PHIA is enforceable in the courts of Nova Scotia. Penalties may apply for offences under PHIA.
- I hereby release Nova Scotia Public Health and its employees and agents from any and all claims whatsoever that may arise as a result of the release of the Immunization Records pursuant to this Release Form.

5. SENDING INFORMATION

<input type="checkbox"/> Fax – _____ (Area Code) (Fax Number) (person receiving the fax)
<input type="checkbox"/> Mail – ensure your mailing address in section one (1) above is complete and legible.
<input type="checkbox"/> Pick up at office – phone number to contact you when record is ready for pick-up: _____
<input type="checkbox"/> Email – _____

To send the completed form, use the contact information on page 3. Contact Public Health for other options, e.g. mail, fax or walk-in.



NSRIRPH

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Public Health Contact Information

Toll free: 1-844-515-0675 and follow the voicemail prompts to access the appropriate Public Health Office.

- Email the Request for Immunization form using the Email Address below.
- Call the Public Health Office using the toll free # for mailing address information, fax number or in-person visit.

Public Health Area	Email Address
Lunenburg / Queens Counties	SSHImmRecordRequest@ssdha.nshealth.ca
Digby / Yarmouth / Shelburne Counties	swhimmrecordrequest@swndha.nshealth.ca
Kings / Annapolis Valley	avhimmrecordrequest@nshealth.ca
Halifax / Eastern Shore / West Hants (HRM)	immunizationrecordrequest@nshealth.ca
Colchester / East Hants Cumberland and Pictou Counties	vaccinerecordsNZ@nshealth.ca
Inverness / Richmond / Victoria / Antigonish / Guysborough Counties	requestimmunizationrecordsEZ@nshealth.ca
Cape Breton Island – Sydney	requestimmunizationrecordsEZ@nshealth.ca

