



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

Central Valley Health District

## CENTRAL VALLEY HEALTH DISTRICT IMMUNIZATION RECORD REQUEST

122 2ND ST. NW, JAMESTOWN, ND 58401  
PHONE: 701.252.8130 FAX:701.252.8137

Immunization Record Request		
Method for Receiving Request:	<b>In-Person.</b>	Must pick up from CVHD in Jamestown. Please allow 2 business days for your request to be processed.
	<b>Mail.</b>	To address listed below.
	<b>Email.</b>	To email address listed below.
Requested Immunization Record Information <i>Who is the request for?</i>		
First Name:	Middle Name:	
Maiden Name:	Last Name:	
Date of Birth:	Gender:	Male      Female
Requestor's Information		
Requestor's Last Name:	Requestor's First Name:	
Relationship:	Self      Parent      Guardian (provide release of information form)	
Street Address:		
City:	State:	ZIP Code:
Telephone Number:	Email Address:	

By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.	
Signature:	Date:

Central Valley Health District <i>(For Office Use Only)</i>	
Date Received:	Date Fulfilled:
Fulfilled by: (initials)	Record Distributed      Record Not Found

Send the completed request to [bschwartz@nd.gov](mailto:bschwartz@nd.gov). Allow 2 business days for request to be processed.  
*Please bring a form of identification (i.e. Driver's License) when picking up the requested document.*