



First District Health Unit Immunization Record Request Instructions

The North Dakota Immunization Information System (NDIIS) is a confidential, electronic system that collects immunization data for all North Dakotans. Children are entered into the NDIIS at birth through a linkage with electronic birth records. An NDIIS immunization record can also be initiated by a healthcare provider at the time of the child's first immunization. The NDIIS has the capability of collecting vaccination data on adult clients as well as children; however, the NDIIS was created in 1996, so most adults will not have childhood immunizations recorded in the NDIIS. All providers of immunizations, including First District Health, can access the NDIIS and provide you with an immunization record.

Please complete this form by clearly printing all information and attaching any additional supporting documentation required.

- **All requests MUST be accompanied with a photocopy of the requestor's current state-issued driver's license or picture I.D. or it will not be processed. Submitted photocopy MUST be clear enough to see the picture and clearly read the name and birthdate on the I.D.**
- **If the record requested is for a person younger than 18, please state your relationship to the child. If applicable please provide documentation of custody or guardianship.**
- **If the record requested is for a person 18 and older, only the person named on the immunization record may make the request.**
- **If the requestor is a social services agency, the request must be completed and signed by the Director of Social Services. A photocopy of the Director's driver's license is not required with the Immunization Record Request form as long as there is a photocopy of the Director's driver's license on file at the office in which the request is submitted.**

Immunization record request and supporting documentation may either be mailed or faxed to your local First District Health Unit Office.

Office	Mailing Address	Fax Number
Ward County-Minot	PO Box 1268, Minot ND 58702	852-7292
Bottineau County	314 5 th St. W Suite #7, Bottineau ND 58318	228-3788
Burke County	PO Box 326, Bowbells ND 58721	377-2326
McHenry County	PO Box 517, Towner ND 58788	537-0804
McLean County-Garrison	PO Box 972, Garrison ND 58540	463-7228
McLean County-Washburn	PO Box 1108, Washburn ND 58577-1108	462-3375
Renville County	PO Box 68, Mohall ND 58761	756-6837
Sheridan County	PO Box 410, McClusky ND 58463	363-2806
Ward County-Kenmare	PO Box 836, Kenmare ND 58746	385-3012

There is a \$10.00 charge for record requests from clients that have not received immunizations at First District Health Unit.

Immunization Record Request		
Requested Method for Record to be Sent: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Pick-Up		
Requested Immunization Record Information		
Last Name:	First Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name:	First Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name:	First Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Requestor's Information		
Requestor's Last Name:		Requestor's First Name:
Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (provide release of information form)		
Street Address:		
City:	State:	ZIP Code:
Telephone Number:		Fax Number:
Email Address (if requested to be sent via email):		
Supporting Documentation: <input type="checkbox"/> Driver's License <input type="checkbox"/> Release of Information <input type="checkbox"/> Court Order Granting Guardianship		
Requestor's Signature:		
First District Health Unit (For Office Use Only)		
Date Received:	Date Fulfilled:	Initials: