

OLDHAM COUNTY HEALTH DEPARTMENT  
1786 COMMERCE PARKWAY  
LAGRANGE, KENTUCKY 40031  
PHONE: 502-222-3516 FAX: 502-222-0816

Contact Person: Lora Head

**IMMUNIZATION RECORD TRANSFER REQUEST**

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Parent or Legal Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street or PO Box

City

State

Zip

Phone: \_\_\_\_\_

Home

Mobile

Date copies of records left at health department: \_\_\_\_\_

School planning to attend: \_\_\_\_\_

The immunization record will be transferred into the Kentucky Immunization Registry Program. A certificate will be mailed to the district school nurse at the Board of Education within one week of records being left at the health department. The district school nurse will then forward the certificate to the appropriate school.

If the client is in need of vaccines, the health department will issue a provisional certificate. The parent or guardian will be notified of the need for immunizations, and provided with an appointment or referred to their private physician. Once the client has received the immunizations, an up-to-date certificate can be issued.

Does this child have insurance to cover vaccinations?  Yes  No

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OCHD Signature

\_\_\_\_\_  
Date

**\*\*A copy of this should be given to the parent/guardian to give to the school.**

Date Certificate Mailed to Board of Ed: \_\_\_\_\_

\_\_\_\_\_  
OCHD Signature

OCHD-18 Vaccine Transfer