

REQUEST FOR PHYSICAL AND/OR IMMUNIZATION FORMS



Patient Name: _____ Date of Birth: ____/____/____
Home Office: (check one) Peabody Salem Lynn Melrose Reading
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____
Person completing form: _____ Relationship to Patient: _____

Dear Patients and Parents:

A copy of your health certificate is provided at every annual physical examination. The health certificate includes a statement of health signed by your primary care physician, as well as a copy of your immunization record. Schools, camps, sports teams, and other activities may require this information prior to your participation throughout the year. Pediatric Health Care Associates therefore recommends making copies of the certificate given at your physical. Additional copies are available for a \$5.00 fee by completing the form below. Should you have separate forms that need to be completed by a doctor, please fill out this form and enclose the requested documents for completion. We will make every effort to complete your request within one week's time.

I hereby request a copy of the following information:

- Complete health certificate
 Immunizations only
 Separate form (please specify and enclose): _____

Method of payment and delivery of forms:

- Cash or check enclosed; please mail completed forms to address above
 Cash or check enclosed; please call home number when forms completed for me to pick up
 Cash or check enclosed; please call cell number when forms completed for me to pick up
 Will pay at time of pickup

If picking up forms, please indicate the office at which you wish to do so:

- Peabody Lynn
 Salem Reading
 Melrose

RELEASE FORMS MUST BE SIGNED OR THEY CANNOT BE PROCESSED

SIGNATURE: _____ DATE: _____

A parent or guardian MAY NOT sign if the patient is over 18 years of age..

RELEASE FORMS MAY BE MAILED, FAXED OR RETURNED IN PERSON TO ANY OF OUR LOCATIONS