



**REQUEST FOR INFORMATION
FROM EMPLOYEE HEALTH**

I request a copy of my _____

This information has been furnished to me on _____
(DATE)

(Signature)

(Print Name)

(Social Security #)

(Date)

***** Effective September 13, 2006 copies of your
Immunization Records will be provided to you @ a cost
of \$3.00 Administrative Fee and \$0.25 per sheet*****