

## COVID-19 Vaccine Record Request Form

February 2022 | [PhilaVax@phila.gov](mailto:PhilaVax@phila.gov)

Proper identification is required for record retrieval (such as a Driver's License, State ID, or Passport).

Attach a copy of your ID with this request.

### Patient Information

Last Name	First Name	Middle Name
Date of Birth	Address	
City	State	Zipcode

### Requester Information

Last Name	First Name	Middle Name
Relationship to Patient (self, mother, etc)	Address	
City	State	Zipcode
Phone Number	Fax Number	Email
Signature		Today's Date

**Scan and email:** [PhilaVax@phila.gov](mailto:PhilaVax@phila.gov)

**Mail: PhilaVax**

1101 Market St., 12th Fl.  
Philadelphia, PA 19107

#### For Official Use Only:

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Type of ID: \_\_\_\_\_

ID #: \_\_\_\_\_