



PUBLIC HEALTH AND ENVIRONMENT

100 Spader Way • Broomfield, CO 80020 • 720.887.2220 • BroomfieldHealth.org • publichealth@broomfield.org

Request to Release Immunization Records from the Colorado Immunization Information System (CIIS)

(Please be aware - requests are completed within 5 business days)

If requesting the release of your OWN immunization record:

I, _____, date of birth _____ request the release of my immunization record from CIIS.

If requesting the release of a CHILD'S immunization record:

I, _____, certify that I am the parent, legal guardian, or person with legal custody or decision-making responsibility for the medical care of minors listed below.

Complete the following information for each child's record that are being requested. Please fax this to 720.887.2229 or email it to publichealth@broomfield.org or drop it off in person at 100 Spader Way.

Full Name	Date of Birth	Sex

Preferred method for release of records:

Pick up: Individual's name _____

Phone number _____

Mail: Individual or agency name _____

Full Address _____

Fax: Individual or agency name _____

Fax number _____

Email: Individual's name _____

Email address _____

(Please note that if you choose to have records released by email, it will be encrypted and will require you to follow prompts to verify email in order to open)

I hereby authorize the City and County of Broomfield Public Health to release immunization records for the above listed individuals to myself, college, agency or person(s) listed above.

Signature _____

Date _____

Office Use Only:

Date request received: _____ Initial: _____ Via: In-person Fax Mail Phone Email

Date records sent: _____ Initial: _____ Via: In-person Fax Mail Phone Email

Notes: