Instructions for Submitting Out-of-State/Country Immunization Record Transfers

1. Complete/submit the following information to DOH-Marion at least three weeks prior to school orientation/registration:
   - Copies of child’s immunization records with the name and date of birth on each page. Send former physicians the authorization form to disclose confidential information (on DOH-Marion site) if needed to obtain the records.
   - Completed out-of-state/country immunization records transfers form (on DOH-Marion site)
   - Copy of valid driver’s license/passport of parent completing form.

2. Keep copies for your records; never submit original documents. Make sure writing is legible.

3. Submit documentation by one of the following:
   - Option 1: Fax documents to DOH-Marion at 352-620-6824.
   - Option 2: Mail documents to Florida Department of Health in Marion County, ATTN: Immunizations, 1801 SE 32nd Ave., Ocala, FL 34471.
   - Option 3: Drop documents off in person at the DOH-Marion office (1801 SE 32nd Ave., Suite 400, Ocala, FL 34471).

4. All records will be processed within 48 hours of receipt. A nurse will notify parents whose child’s vaccinations are incomplete. Illegible/incomplete patient information will not be processed.

5. Copies of immunization records can be picked up in-person at DOH-Marion’s office. Records cannot be faxed or emailed back. There will be a $5 fee for each DH680 form.
Out-of-State/Country Immunization Record Transfers

Today’s Date: ____________

Patient Identification:

Full Legal Name (as it appears on the birth certificate)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix (Jr., Sr., I, II, III)</th>
</tr>
</thead>
</table>

Sex (Circle One): Male Female   Race (Circle one): (American Indian/Alaskan) (Asian Indian) (Black/African American) (Chinese) (Filipino) (Guamanian/Chamorro) (Hawaiian) (Japanese) (Korean) (Other Asian) (Other Nonwhite) (Other Pacific Islander) (Samoan) (Vietnamese) (White) (Unknown)

Date of Birth (MM/DD/YYYY): ______/_____/_______ Grade in School this year (if applicable): ________

Patient Information:

Physical Address: ____________________________________________

City: ________________________________ State: _______________ ZIP: __________________

County: ___________________

Mailing Address (if different): ____________________________________________

City: ________________________________ State: _______________ ZIP: __________________

County: ___________________

Language: ___________  Phone: (_____) _____-_________ E-mail Address: _________________________

Parent/Guardian Information:

Relationship to Patient (Circle One): Father Mother Guardian

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

**SEND ALL OUT-OF-STATE IMMUNIZATION RECORDS WITH THIS FORM**

- **Option 1: Fax** to 352-620-6824; please do not include a cover sheet.
- **Option 2: Mail** to Florida Department of Health in Marion County, ATTN: Immunizations, 1801 SE 32nd Ave., Ocala, FL 34471.
- **Option 3: Drop off in Person** at our main location, 1801 SE 32nd Ave., Suite 400, Ocala, FL 34471.