

**Madison County Health Department
206 East 9th Street
Suite 200
Anderson, Indiana 46016
765-641-9523 - 765-641-9524**

The Madison County Health Department is able to provide duplicate copies of children's vaccination records **IF** the child received vaccinations from our facility. If the child received vaccinations from a different provider, please contact that provider to get a duplicate record. **We will only provide duplicate records if the child was vaccinated at the Madison County Health Department.**

The Madison County Health Department is able to provide duplicate copies of TB testing results **IF** the test was completed at our facility. These tests are valid for one year.

Please return your **WRITTEN REQUEST** (information below), a **COPY OF YOUR I.D.**, a **SELF-ADDRESSED STAMPED ENVELOPE**, and the **\$5.00 FEE** per record requested to the address listed above. We will then promptly respond to your request.

Thank You,

Stephen L. Ford, R.E.H.S.
Administrator

**I am requesting a DUPLICATE VACCINATION RECORD or a
DUPLICATE TB RESULT CARD
(Please circle your request)**

Full name: _____

Date of birth: _____ County of birth: _____

Parents full names: _____

Mother's maiden name: _____

Your relationship to person whose record is being requested: _____

Current mailing address (City, State, and Zip code): _____

Current telephone number: _____

Number of vaccination records or TB testing results requested: _____ (Fee \$5.00 per copy)

Signature of applicant: _____ Date: _____