



Express Pediatric Care

IMMUNIZATION RECORDS FORM

Parents are responsible for, and must provide prior immunization records not included in the South Carolina DHEC Immunization Registry before a complete and updated vaccine record can be provided from our office.

Please check one of the following options:

- ☐ I have a vaccine record for my child, who is well today, and can receive immunizations
- ☐ I **do not** have a vaccine record for my child today, and will take the following action:

___ I will **return** with the vaccine record.

___ I will **contact the medical facility that has my child's vaccine record** and have it faxed to Express Pediatric Care at 864-551-2424. I, the parent, will verify with the previous office that they have faxed the child's immunization record to Express Pediatric Care.

___ I would like your office to request the vaccine record for me. I will sign a **medical release form**. I realize it may take more than 1 week for Express Pediatric Care to receive this information. I, the parent, will verify with the previous office that they have faxed the child's immunization record to Express Pediatric Care.

___ I wish to **waive** any prior vaccine history not available for review. I request that my child receive all required vaccines due at this time, and agree to not hold Express Pediatric Care responsible for any adverse effect resulting from my decision to proceed with vaccinations today.

Patient Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____