



CITY OF SAN ANTONIO  
**METROPOLITAN HEALTH DISTRICT**  
**IMMUNIZATION BRANCH**

**REQUEST FOR IMMUNIZATION RECORD**

**Requirements Check List:**

- Make Check or Money Order payable to City of San Antonio for \$5.00 for each copy.
- Personal Check must include the Requester's Name, Complete Address with State and Zip Code, and Telephone Number.

**IMPORTANT NOTE:** No Temporary Check or 3rd Party Check will be accepted.

- Must enclose a self addressed stamped envelope. Not including a stamped envelope will delay the process.
- Must enclose Copy of Requester's Driver's License or Picture ID. The check information and ID information must match.

**To request a copy of an immunization record, the requester must be:  
 Self (Adult), Mother, Father, Adult Brother, Adult Sister, Uncle, Aunt,  
 Grandmother, Grandfather, or Legal Guardian.**

Mail these items with this application to:  
 San Antonio Metropolitan Health District  
 Immunization Branch  
 332 W. Commerce, Suite 108  
 San Antonio, Texas 78205

**Record Requested For:**

Last	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>
Date of Birth	<input type="text"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mother's Maiden Name (name before marriage)	
Mother's Information:	Last		First	Maiden	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Requester's Information:**

Relationship to above person  Self  Mother  Father  Brother  Sister  Legal Guardian  
 Grandmother  Grandfather  Uncle  Aunt

Last  First  Phone No.

Current Address:  
 Address  City, State  Zip Code

Previous Address:  
 Address  City, State  Zip Code

**Certification and Signature:**

This is to certify that I am related to the individual in the Record Requested For box as checked in the Requester's Information box above. I understand that all information submitted to San Antonio Immunization Registry System (SAIRS) will be kept confidential.

Provide Signature of Requester  Date

Print Name

**Print Form**