



835 Worcester Street
Indian Orchard, MA 01151
Telephone: (413) 439-0609 * Fax: (413) 439-0623
Adult & Pediatric Medicine

REQUEST FOR IMMUNIZATION RECORDS From Health Care Provider

TO: Orchard Medical Associates, LLC

DATE: _____

RE: _____

D.O.B. _____

School records indicate that you are the current or previous primary care provider for the above-referenced student. According to school records, this student has:

- no immunizations on record incomplete immunizations (see attached)

The Massachusetts Department of Public Health (MDPH) Privacy Officer and office of the General Counsel have concluded that physicians and other licensed providers are permitted under HIPPA (45 CFR § 164.512[b], without an individual authorization, to disclose information and records related to a patient's immunization status to a school and its agents, including school nurses, to meet the requirements of M.G.L. c.76, §15, 105 CMR 220.000, and 603 CMR 18.05.

Unimmunized students will be excluded unless parent/guardian provides proof of immunization and/or required immunizations are scheduled to be administered within 15 calendar days.

Please provide immunization records to:

School Nurse: _____

Name of School: _____

Address: _____

Phone: _____ Fax: _____

Comments from or for the school nurse: _____
