



Fairfield Community High School  
School Nurse: Mrs. Cindy Halley  
Phone: (618) 842-2649 ext. 408  
Fax: (618) 842-5187

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REQUEST FOR IMMUNIZATION RECORDS

**How can immunization records be obtained?**

By mail, fax or stopping by in person.

**What is the cost?**

\$3 (cash or check)

**What is the mailing address?**

Fairfield Community High School  
Attn: School Nurse  
300 W. King  
Fairfield, IL 62837

Today's Date: \_\_\_\_\_

Your last name when in school (Maiden): \_\_\_\_\_

Your current last name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Year Graduated/Last year you attended: \_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fax to: \_\_\_\_\_

Signature: \_\_\_\_\_(required)