



Children's Health Care, Inc.
REQUEST FOR PHYSICAL AND/OR IMMUNIZATION FORMS

Patient Name

Patient Date of Birth

Home Office: (check one) ☐ Haverhill ☐ Newburyport

Home Address

City

State

Zip

Home Phone

Cell Phone

Person completing form

Relationship to patient

Dear Patients and Parents:

A copy of your health certificate is provided at every annual physical examination. The health certificate includes a statement of health signed by your primary care physician, as well as a copy of your immunization record. Schools, camps, sports teams, and other activities may require this information prior to your participation throughout the year. Children's Health Care therefore recommends making copies of the certificate given at your physical. Additional copies are available for a \$5.00 fee by completing the form below. Should you have separate forms that need to be completed by a doctor, please fill out this form and enclose the requested documents for completion. We will make every effort to complete your request within one week's time.

I hereby request a copy of the following information:

- ☐ Recent physical health form
☐ Immunizations only

Method of payment and delivery of forms:

- ☐ Cash or check enclosed; please mail completed forms to address above
☐ Cash or check enclosed; please call home number
when forms completed for me to pick up
☐ Cash or check enclosed; please call cell number
when forms completed for me to pick up
☐ Will pay at time of pickup

If picking up forms, please indicate the office at which you wish to do so:

- ☐ Newburyport Upper Level ☐ Newburyport Lower Level ☐ Haverhill

RELEASE FORMS MUST BE SIGNED OR THEY CANNOT BE PROCESSED

Patient Signature

Date

A parent or guardian MAY NOT sign if the patient is over 18 years of age.

Newburyport

257 Low Street
Newburyport, MA 01950

Lower Level

p. 978-465-7121
f. 978-462-5304

Upper Level

p. 978-388-9880
f. 978-388-4897

Haverhill

600 Primrose Street
Haverhill, MA 01830

p. 978-373-6557
f. 978-374-5096