IOWA·VALLEY
CONTINUING EDUCATION
3702 S. Center St. · Marshalltown, IA 50158
641-752-4645 · 800-284-4823

IOWA VALLEY CONTINUING EDUCATION

Request for Immunization Records

Please Print

Today's date: _____/_____/_____

Student/Patient Social Security number: _____ - _____ - _____

Student/Patient birth date: _____/_____/_____

Student/Patient's Last Name: _____ First Name: _____

Other name(s) that might be on the Student/Patient's records: _____

Student's Current Address: _____

_____
(street address, city, state, zip)

Day time Telephone: (_____)_____ -_____

I am requesting my immunization records to be faxed to IVCCD IVCE MCC ECC (*please circle which campus)* as I prepare for the nurse aide class.

Immunization records should include but are not limited to Measles/Mumps/Rubella (MMR), Tetanus Diphtheria Pertussis (Tdap/TD), Chickenpox (Varicella), Hepatitis B series, and Influenza

Student/Patient's Signature:_____

The class I am interested in attending is _____

Course Number: _____ Start Date: _____

Name of Healthcare facility providing the information:

_____

Contact Person Name: _____

Fax number: _____ Phone number: _____

Fax to: Iowa Valley Continuing Education, Customer Service Specialist,
3702 S. Center St., Marshalltown, IA 50158
Fax number: 641-752-1692 or call 641-752-4645 if you need any further assistance

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