

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR



Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Proof of COVID-19 Vaccination Request

By completing and signing this form, you are requesting proof of your COVID-19 vaccination. In order to receive proof of vaccination from the Iredell County Health Department, you **MUST** have received your vaccination from the Iredell County Health Department. If you did not receive your vaccine from us, please reach out to the provider who gave you the vaccination.

In order to receive a copy of your proof of COVID-19 vaccination, you must complete this form and **include a photocopy of your Drivers License or State Issued ID Card**. If requesting for a minor, please include parent Drivers License or State Issued ID.

This form can be faxed, mailed, or delivered in-person to our Statesville location. Your proof of COVID-19 vaccination will be mailed, within 7 – 10 business days, to the address you provide below.

Date: _____

Did you receive the COVID-19 vaccine from the Iredell County Health Department: Yes No

Are you requesting proof for a minor? Yes No

If requesting for a minor please provide minor's information below.

Full name provided at time of vaccination: _____

Date of Birth: _____
First Middle Last

Date of Vaccination: _____
First Dose Second Dose

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

I understand that this authorization is voluntary and that I may refuse to sign this authorization. My refusal to sign will not affect my ability to obtain treatment; may or receive payment; or enrollment or eligibility for benefits.

I hereby authorize disclosure of the health information for the above-named patient and understand that it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations. This is valid for a one-time request.

Signature: _____

Please send this form by fax, mail, or deliver in-person only. A copy of your photo ID must be included.

Fax:

Send to 704-924-4118

Mail:

Attn: Megan Redford
318 Turnersburg Highway
Statesville, NC 28625

Deliver In-Person:

Statesville location only
318 Turnersburg Highway
Statesville, NC 28625
Mon. – Fri. 8:00AM – 5:00PM