Please complete the following information **for the** **record being requested**:

|  |  |
| --- | --- |
| **Last Name (current)** **Last Name at time of test** if different from current:  | **First Name**  |
| **Date of Birth**  yyyy/mm/dd**Phone #:**  | **Year/Date Test done** (or estimate): **Location:** [ ]  Belleville [ ]  Trenton  [ ]  Bancroft [ ]  Picton**Was this a 1- or 2-step? (1 injection or 2):** [ ]  **1** [ ]  **2** |
| **Record to be provided by:** (complete appropriate section) |
| [ ]  **POSTAL MAIL** **Complete Mailing Address**: (include number, street, city, postal code)  Please be aware that the security of mailed contents cannot be guaranteed. |
| [ ]  **EMAIL** **Email Address:**  Aware of risks to privacy and security of personal health information and consents to use of unencrypted email. |
| [ ]  **PICK UP** at Hastings Prince Edward Public Health  Belleville  Trenton  Bancroft (printed record will be shredded if not picked up after 14 days) |
| [ ]  **FAX****Fax #:**  |
| **Signature (required only if submitting form in person)** Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR** Parent / legal guardian of child under the age of 16: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**OR*** Client 16 yrs of age or older has contacted HPEPH directly to identify representative and give them permission to fill out Request for Record of TST / pick up Record of TST:

**Representative**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Signature  |

|  |
| --- |
| **FOR INTERNAL USE ONLY** |
| **Identity of signee confirmed by HPEPH staff** \_\_\_\_\_ (initial) |
| Date request received: yyyy/mm/dd | Request received: walk-in  fax  phone  email  other  |
| Date picked up / sent: yyyy/mm/dd |  Picked upSent via:  fax  email  other  |
| **Signature of Processor (HPEPH staff)****TB-3**2024/03/07We are committed to providing accessible publications, programs, and services to all. For assistance, please call 613-966-5500; TTY: 711, or email accessibility@hpeph.ca . For more information, visit hpePublicHealth.ca  |