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 up  Sent via:  fax  email  other |
| **Signature of Processor (HPEPH staff)**  **TB-3**  2024/03/07  We 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](mailto:accessibility@hpeph.ca) .  For more information, visit hpePublicHealth.ca | |