



SARATOGA COUNTY DEPARTMENT OF HEALTH

Immunization Program Referral Form

NOTICE: PLEASE READ IN ENTIRETY BEFORE REFERRING.

If a student has health insurance and a Primary Care Provider (PCP), they should be instructed to contact their provider to make an appointment for immunizations. Many offices offer nurse appointments for vaccination, and these appointments may be available sooner than trying to schedule with Saratoga County Department of Health (SCDOH).

The Saratoga County Immunization Program is not a “free clinic.” Vaccination costs will vary per student depending on insurance status, type of insurance, household income, etc. SCDOH will discuss fees with the families. **NO CHILD WILL BE TURNED AWAY BASED ON THEIR ABILITY TO PAY.**

If a student does not have health insurance and/or is unable to be vaccinated through their PCP and you would like to refer to SCDOH, please provide the following information and send to SCDOH along with the child’s immunization records. Referral form and records should be **faxed to (518) 583-1202** or **sent via secure email to VPD@saratogacountyny.gov**. Immunization records must be received prior to scheduling with SCDOH.

Student Name:	Date of Birth:	Grade Level:
School Attending:	Student’s First Day of School:	
School Nurse Name:	School Nurse Phone:	
Student Address:		
Does the student have health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	Does the student have a Primary Care Provider? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Parent/Guardian Name:	Parent/Guardian Phone:	
Parent/Guardian Email (if applicable):		
Additional Comments (primary language, is the student from out-of-state/country, etc.):		