

**BOWDOIN COLLEGE
HEALTH SERVICES**

Immunization Record Request Form

Full Name (Please Print): _____

Date of Birth: _____

Year of Graduation: _____

Please send record to:
Name or Facility: _____

Fax #: _____

and/or _____

Address: _____

Signature: _____ Date: _____

<p>Bowdoin College Health Services 3600 College Station Brunswick, Maine 04011 Phone: (207)-725-3770 / Fax: (207) 725-3905</p>
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