



REQUEST FOR DUPLICATE COVID-19 REPLACEMENT CARD



ALL REQUESTS MUST BE ACCOMPANIED BY A VALID DRIVERS LICENSE

Note: when requesting a duplicate COVID-19 card, please attach a picture of your current valid driver's license with this request and allow at least 2 business days to process your request. Incomplete authorization forms will not be processed.

Pick up: Gallatin City County Health Department
215 W Mendenhall Room 117
Bozeman, MT 59715 (406)582-3100

FAX REQUEST TO: (406) 582-3112
EMAIL REQUEST TO:: hs@gallatin.mt.gov

Section I Patient Information (One form per person please)	
Patient Name:	
Other Name(s) Used (Maiden or previous married name):	
Date of Birth:	Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Section II Receiving Information	
<input type="checkbox"/> I will pick up my/my child's duplicate COVID-19 card (you will be asked to show id upon pick up)	
Note: At this time COVID-19 replacement cards are only available for pick up	
Section III Requestor Information (Name of person requesting the duplicate COVID-19 replacement card)	
Requestor Name:	
Phone Number: _____	Relationship to the Patient:
Reason for Request:	
I am requesting a duplicate COVID-19 vaccine card for myself or my child and authorize Gallatin City County Health Department to release my/my child's covid19 vaccine information from Montana's Immunization Information System (IIS), <i>imMTrax OR GCCHD's Patagonia Health EMR, or Prepmo</i> , to the person listed above. I declare the information above is correct and that I am authorized to sign this release on the patient's behalf. I understand that the requested information will need to be picked up in person, and will not be processed if received incomplete.	
Signature:	Date:
Signature of Patient (or Parent, Legal Guardian or Managing Conservator for a Child)	
Section IV For Official Use Only (Staff only)	
Date Released: _____	By: _____
<input type="checkbox"/> Records Released	<input type="checkbox"/> Record Not Found

Notice: Records requests expire 30 days after the date the requestor authorized and signed the release form. One authorization form per immunization records request. Future requests will require a new records release form.