



Public Health
Prevent. Promote. Protect.

Champaign-Urbana Public Health District

**CHAMPAIGN - URBANA
PUBLIC HEALTH DISTRICT**

IMMUNIZATIONS

(Please Print)

Name: _____ Date of Birth: _____

Street Address _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Social Security Number: _____

Today's Date: _____ Signature: _____

Place of Employment: _____ Occupation: _____

Sex (Circle One): Male Female Race/Ethnicity: _____

We Live (Circle one below):

1. Within the city limits of Champaign or Urbana.
2. Outside the city limits of Champaign or Urbana