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An Independent Licensee of the Blue Cross and Blue Shield Association

Free Physical / Immunization Request Form For Grades K – 12

****SCHOOL USE ONLY, NOT FOR PUBLIC UTILIZATION ****

**Schools must complete this form, obtain parent and principal signatures, and then fax to the PEF.
A PEF representative will contact the school with approval and clinic information.
Requests are processed August through May.

School: _____ Principal: _____

School Phone: _____ Date: _____

Student Name: _____ Grade: _____ DOB: _____

Student Name: _____ Grade: _____ DOB: _____

Student Name: _____ Grade: _____ DOB: _____

Parent/Guardian: _____ Phone #: _____

Address: _____

Phone#: _____

****The following information is required prior to submitting this form.**

Qualifications for referral: Student has no insurance/Medicaid

The Polk County Health Department was contacted and was unable to do a physical / immunizations at the present time. The Health Department was contacted on _____ (date)

and the next available appointment given was _____ (date).

I agree the above information is correct and acknowledge this request is for my child.

Parent signature: _____ Date: _____

School contact: _____ Position: _____

Principal's signature: _____ Date: _____

**This form cannot be processed unless complete.
Fax form to the Polk Education Foundation 863-519-3791**

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PEF OFFICE USE ONLY	Clinic name _____
	Date faxed to clinic: _____