*Immunization Registry benefits:*

*1. Provides an accurate, official copy of your (child’s) immunization records to enrolled health care providers, schools and child-care centers*

*2. Keeps your (child’s) entire immunization record in one place to ensure continuity of care*

*3. Helps ensure immunizations are kept up to date*

*4. Prevents unnecessary duplication of immunizations*

**Patient Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Last First Middle

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Date of Birth (MM/DD/YYYY) Sex (M/F)

|  |
| --- |
|  |

Street Address

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **(****)**  |

City State Zip Code Phone

**Parent/Guardian Information:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle

|  |  |
| --- | --- |
|  | **(****)**  |

Relation Phone

**Please Initial the statement that identifies your preference regarding the patient information listed above:**

|  |
| --- |
|  |

Delete my/my child’s information from the registry except for the basic identifying information (Patient Demographic data, i.e. Name, Date of Birth, etc.). I understand the immunization registry requires basic identifying information to prevent all future additions to the record.

|  |
| --- |
|  |

 Allow my/my child’s immunization record to be viewed/updated. (Choose only if previously opted out.)

I understand that the information provided above will be used to secure my preference for the above stated record. By opting out of the registry no immunization information will be added to the registry for the patient listed above until a signed request is received from the individual, the parent or legal guardian.

Action to remove a person from the registry can occur only after receipt and processing of the signed form. This form must be submitted by one of the following methods:

|  |  |  |
| --- | --- | --- |
| **Mail** | **Fax** | **Email** |
| Tennessee Department of HealthImmunization ProgramAndrew Johnson Tower, 3rd Floor710 James Robertson ParkwayNashville, TN 37243 |  (615) 532-8526Or(615) 253-3279Attn: TennIIS Patient Records Management | Tenniis.Help@tn.gov |

|  |  |  |
| --- | --- | --- |
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Name of Requestor Date