

Illinois Department of Public Health



Illinois Comprehensive Automated Immunization Registry Exchange

Illinois' Immunization Registry Opt Out of Registry Form

This form is required to allow an individual to request that a person's immunization history be removed from the registry, and no further immunization data be accepted into the registry. Please print.

Name of Client: _____
Last First Middle

Date of Birth: _____ Sex: _____ Race: _____
MM/DD/YYYY Male or Female

Name of Parent or Guardian: _____
Last First Middle

Relation: _____ Telephone Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

I request this person be removed from the Illinois Immunization Registry. I understand the state will not share immunization data on this person from the registry as a result of this action. The registry will retain core demographic information necessary to identify the client has chosen to opt out of the registry. This information is necessary to enable the registry to filter and refuse entry of immunization information for the client. Additionally, any prior immunization records associated with the client will not be shared from the registry.

The completed opt out form will be maintained at the provider's office in the patient file.

No immunization information will be added to the registry for this client until the Illinois Immunization Program receives notification the individual, parent or legal guardian wishes to opt back into the registry. To opt back in, check the box below and date. The provider is responsible for keeping this form as well as opting the patient back into the Illinois Immunization Registry.

Signature of Parent or Guardian

Date

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You have the right to change this decision at any time. If you refuse today, you can decide later if you would like to participate by checking the box at the left. Please initial and date after box is checked.

Please place a copy in the patient's medical chart, provide a copy to the parent.