



Tennessee Immunization Program

Immunization Registry Change of Status Request

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	
Street Address					
				()	
City		State		Zip Code	
				Phone	
Date of Birth (MM/DD/YYYY)			Sex (M/F)		

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

Tennessee Department of Health
 Immunization Program
 Andrew Johnson Tower, 3rd Floor
 710 James Robertson Parkway
 Nashville, TN 37243

Fax

(615) 532-8526
 Or
 (615) 253-3279
 Attn: TennIIS Patient Records Management

Email

Tenniis.Help@tn.gov

 Name of Requestor

 Date