

**Request to Re-enroll in the Utah Statewide Immunization Information System (USIIS)**  
**Please allow 2-4 business days to process**

I, \_\_\_\_\_ wish to re-enroll myself/my child(ren) in the Utah Statewide  
First and Last name (Please print)  
Immunization Information System (USIIS). I understand that myself/my child's/children's immunization records will be included in USIIS and will be shared through USIIS with authorized health care providers, health insurers, schools, day care centers, and publicly funded programs.

Request to re-enroll for (check one):  Self or  Child(ren)

**Self or Child(ren) Information**

1. Name: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Last First Middle

Date of birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

**Parent or Guardian Information**

(Required when requesting re-enrollment of a child.)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Please indicate how you would like to receive your confirmation. Please choose one method.**

Email to: \_\_\_\_\_  Fax to \_\_\_\_\_

Mail to: \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)