



Request to Withdraw from the Utah Statewide Immunization Information System (USIIS)

I, _____, wish to withdraw my child(ren)
 Parent or Guardian First and Last Name (please print)

from the Utah Statewide Immunization Information System (USIIS). I understand that my child's/children's immunization records will not be included in USIIS and will not be shared through USIIS with authorized health care providers, health insurers, schools, day care centers, and publicly funded programs. I understand that it is my responsibility to notify my health care providers and health plan that I have elected to withdraw my child(ren) from USIIS. I understand that if I choose to have my child(ren) re-entered in USIIS, I can do so at any time.

1. _____ / ____ / ____
 First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

2. _____ / ____ / ____
 First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

3. _____ / ____ / ____
 First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

4. _____ / ____ / ____
 First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

Address to send confirmation to:

Street	City	State	Zip Code
--------	------	-------	----------

 Parent or Guardian Signature

 Date (mm/dd/yyyy)

Please fax or mail this completed form to Utah Department of Health, Immunization/USIIS Program at the address or number listed above.