

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)

Dept. use only.

Date: _____	Initials: _____
-------------	-----------------

Rev: 6/20