



**Choose to Opt In or Opt Out of the
New Hampshire Immunization/Vaccination
Registry**

- I choose to participate in the New Hampshire immunization/vaccination registry.
- I choose to have my child participate in the New Hampshire immunization/vaccination registry.
- I choose not to participate in the New Hampshire immunization/vaccination registry.
- I choose not to have my child participate in the New Hampshire immunization/vaccination registry.

I understand that this decision will not prevent me or my child from receiving immunizations.

I understand that I may reverse my decision at any time by completing a "Reverse Previous Decision not to Participate in the New Hampshire Immunization/Vaccination Registry" form provided by my current health care provider.

I understand that my or my child's immunization/vaccination information will not be released to the New Hampshire immunization/vaccination registry.

DATE: _____

PATIENT NAME (*printed*): _____ DATE OF
BIRTH: _____

PATIENT NAME
(*signature*): _____

GUARDIAN NAME if person is under the age of 18 years (*printed*):

GUARDIAN NAME if person is under the age of 18 years (*signature*):

WITNESS by current health care provider:



MID-STATE
HEALTH CENTER

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Patients who choose to decline participation in the registry are not relieved from the obligation to comply with current immunization requirements set forth in RSA 141-C:20-a and He-P 301.14.

To be completed by current health care provider:

Date entered into electronic medical record: _____

Initials: _____