



- 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*)

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

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: _____