



New Hampshire Immunization Information System (NHIIS)

Correction to NHIIS Immunization Record

Fax or mail this form to: New Hampshire Immunization Program, 29 Hazen Drive, Concord, NH 03301
 Attn: Registry Administrator, fax: 603-696-3266

I have reviewed my/my child's current immunization record contained in the New Hampshire immunization registry **AND** present the attached copies of supporting documentation (i.e. immunization record, or legal documentation of name change) to request correction of the immunization/vaccination record as it currently appears in the NHIIS for the following registrant.

REGISTRANT NAME (Print): _____ Date of Birth: _____

ADDRESS: _____

CITY: _____ State: _____ ZIP Code: _____

(Print) _____

*PARENT OR LEGAL GUARDIAN NAME, IF REGISTRANT IS <18 YEARS OLD

RELATIONSHIP TO REGISTRANT

SIGNATURE OF INDIVIDUAL REQUESTING NHIIS RECORD CORRECTION

DATE OF REQUEST

Please indicate information to be added/corrected and copy of the supporting documentation provided as evidence (please see page 2 for instructions for supporting documents):

<u>Change Requested, (if needed attach additional sheet):</u>	<u>Supporting Documentation:</u>
<input type="checkbox"/> Specify requested change: _____ _____ _____ <input type="checkbox"/> Enclosed documented evidence of immunization	<input type="checkbox"/> <u>Verification of Requestor Identity: Form signed by Notary Public or attached copy of Valid State Issued Photo I.D. or Valid Passport</u> <input type="checkbox"/> <u>Proof of parent/legal guardianship: Copy of birth certificate, legal guardianship or medical proxy, if applicable</u> <input type="checkbox"/> <u>Copy of other legal document, if applicable</u>

*** All record requests for minors or individuals under Legal Guardianship or Medical Proxy must include copy of Parent/Guardian's proof of identity and a birth certificate or legal documentation verifying guardianship of vaccine recipient.**

For State Internal Use Only:

- No NHIIS record found. Requestor notified by mail.
- Change made to NHIIS record as requested. Requestor notified by mail.
- Change not made to NHIIS, supporting documentation not sufficient to validate the request.

Requestor notified by _____ that further documentation is needed on _____ :
(email/phone/other) (Date)

Staff Name/Title: _____ Date: _____

Instructions for supporting documentation:

Copies of supporting documents are needed to have information corrected, see below for the type of documents needed for each type of request. **All record requests for minors or individuals under Legal Guardianship or Medical Proxy must include copy of Parent/Guardian's proof of identity, birth certificate or legal documentation verifying guardianship of vaccine recipient.**

VERIFICATION OF IDENTITY: A NOTARY SIGNATURE OR COPY OF VALID STATE ISSUED PHOTO I.D. OR VALID PASSPORT OR BIRTH CERTIFICATE IS REQUIRED FOR THE FOLLOWING:

- Address, phone number or email additions or corrections.
- Adding or correcting vaccinations.
- Create an NHIIS record.
- Name spelling corrections.
- Date of birth corrections.
- Legal name change.
- Gender correction.

DOCUMENTATION OF VACCINATION RECEIVED IS REQUIRED FOR THE FOLLOWING:

- A dose needs to be corrected.
- A dose need to be added and/or deleted (including booster doses).

AND MUST INCLUDE: Vaccine recipient's name, date of birth, vaccine clinic name, administration date, name of vaccine and manufacturer of vaccine.

LEGAL COURT DOCUMENTATION IS REQUIRED FOR THE FOLLOWING CHANGES:

- Legal name change (EX: marriage).
- Proof of guardianship for minors or medical proxy.

Access to the NHIIS Public Portal:

- Mobile phone number and/or email is needed to receive a verification code. Please include this information on the form to access your verification code at https://nhiis-prod.dhhs.nh.gov/webiznet_nh_public/Application/PublicPortal/Index