



Choose not to 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: _____

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: _____