



Correction to Immunization/Vaccination Record

- I have reviewed my current immunization/vaccination record contained in the New Hampshire immunization/vaccination registry.
- I have reviewed my child's current immunization/vaccination record contained in the New Hampshire immunization/vaccination registry.

I present the attached medical documentation to complete or correct the immunization/vaccination record as it currently appears.

DATE: _____

NAME (printed): _____ Date of Birth _____

NAME (signature): _____

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

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

List immunization/vaccination data added or corrected and the medical documentation provided:

- Change made and documented in the registry. Initials: _____
- Change not made for the reason(s) listed below. Initials: _____
 - No valid medical documentation was provided.
 - Unable to change due to administering provider office closed.