



## Choose to Opt In or Opt Out of the New Hampshire Immunization/Vaccine Registry

If patient is over the age of 18 years :

- I choose to participate in the New Hampshire immunization/vaccine registry.
- I choose **not** to participate in the New Hampshire immunization/vaccine registry.

If patient is younger than 18 years (guardian will sign) :

- I choose to have my child participate in the New Hampshire immunization/vaccine registry.
- I choose **not** to have my child participate in the New Hampshire immunization/vaccine 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/vaccine 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: \_\_\_\_\_