



ARIZONA DEPARTMENT OF HEALTH SERVICES

Arizona State Immunization Information System (ASIS) Opt-Out Form

Patient Name: _____ Date of Birth: _____

I do not allow my dependent's immunization provider to release information about my dependent's vaccinations to the Arizona State Immunization Information System (ASIS).

This will prevent other health care providers, day care centers, and schools/colleges from having access to my dependent's vaccinations in ASIS.

I understand that it is my responsibility to maintain my child's immunization record and that this information will not be available from ASIS in the future.

I am aware this may result in my dependent receiving unnecessary and/or additional vaccinations because the vaccination information is not available to future providers.

I understand that in the future if I or my child (ren) wishes to have a record of immunizations for school or college attendance, a job, military service, or for travel purposes, the record will not be available.

I understand that I am not required to release my dependent's immunization information in order for my dependent to receive vaccinations.

In addition, if ASIS contains any immunization information for my dependent, I am requesting my dependent's information be removed from ASIS.

Printed Guardian Name: _____

Guardian Signature: _____

Date: _____

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director

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Health and Wellness for all Arizonans