

NEBRASKA STATE IMMUNIZATION INFORMATION SYSTEM

OPT-OUT FORM

Nebraska State Law allows for the collection of immunization related information in the Nebraska State Immunization Information System (NESIIS). Nebraska State Law also allows for the release of the person's name, birthdate, and dates of immunizations received to schools, health care providers, daycare providers, and public health entities without a signed release of information form. If you do not wish your or your child's immunization record to be shared with these entities, please complete and return this form to:

Nebraska Department of Health and Human Services
Immunization Registry Program
P.O. Box 95026
Lincoln, NE 68509-5026

I _____ wish to prevent sharing of my or my
(First & Last Name of Patient, Parent or Guardian)
Child's immunization records. By signing this form, I understand that my or my child's immunization information will not be shared with any physician, daycare, or school without a signed release of information.

Patient or Child's first/middle/last name

Date of Birth

Gender (circle one): Male Female

Patient or Parent/guardian address

City/State/Zip

Signature of patient or parent/guardian

Date Signed (month/day/year)