



Request to Withdraw from the Utah Statewide Immunization Information System (USIIS)

I, _____, wish to withdraw my child(ren)
Parent or Guardian First and Last Name (please print)

from the Utah Statewide Immunization Information System (USIIS). I understand that my child's/children's immunization records will not be included in USIIS and will not be shared through USIIS with **authorized** health care providers, health insurers, schools, day care centers, and publicly funded programs. I understand that it is my responsibility to notify my health care providers and health plan that I have elected to withdraw my child(ren) from USIIS. I understand that if I choose to have my child(ren) re-entered in USIIS, I can do so at any time.

1. _____ /____ /_____
First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

2. _____ /____ /_____
First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

3. _____ /____ /_____
First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

4. _____ /____ /_____
First Middle Last Birth Date (mm/dd/yyyy)

Mother's Maiden Name _____

Address: _____
Street City State Zip Code

Parent or Guardian Signature

Date (mm/dd/yyyy)

Please fax or mail this completed form to Utah Department of Health, Immunization/USIIS Program at the address or number listed above.