



Withdraw and Remove Information from the New Hampshire Immunization/Vaccination Registry

- I withdraw my participation and seek removal of all my information from the NH immunization/vaccination registry.
- I withdraw participation of my child and seek removal of all my child's information from the NH immunization/vaccination registry.

I understand that this withdrawal from participation in the registry will not prevent me or my child from receiving immunizations/vaccinations.

I understand that I may reverse my decision by completing a "Reverse Previous Decision Not to Participate in the New Hampshire Immunization/Vaccination Registry" form with my current health care provider.

I understand that it is my responsibility to inform my other health care providers of my decision to withdraw from the registry so that no future immunization/vaccination information is reported to the 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): _____

Patients who choose to withdraw from 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.

CURRENT OR FORMER HEALTH CARE PROVIDER (printed): _____

CURRENT OR FORMER HEALTH CARE PROVIDER (signature): _____

Fax this form to: New Hampshire Immunization Program, Attn: Registry Administrator, 603-271-3850.

Date: _____
Initials: _____

Form received by Registry Administrator

Date: _____
Initials: _____

Patient information deleted from the registry