

Illinois' Immunization Registry Opt Out of Registry Form

This form is required to allow an individual to request that a person's immunization history be removed from the registry, and no further immunization data be accepted into the registry. Please print.

Name of Client:	Last	First	Mid	dle
Date of Birth:		Sex:	Race	e
MM/D	DD/YYYY	Male or Female		
Name of Parent or Guard				
	Last	Fi	rst	Middle
Relation:	Telephon	e Number		_
Street Address:				
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Please place a copy in the patient's medical chart, provide a copy to the parent.