

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
IMMUNIZATION REGISTRY (ImmTrac)
NEWBORN REGISTRATION FORM



(Please print clearly)

[Grid for Child's Last Name]

Child's Last Name

[Empty box for Clinic/Office Use]

For Clinic/Office Use

[Grid for Child's First Name]

Child's First Name

[Grid for Child's Middle Name]

Child's Middle Name

[Grid for Child's Date of Birth]

Child's Date of Birth

**Newborns only.*

Child's Gender: Male Female

[Grid for Mother's First Name]

Mother's First Name

[Grid for Mother's Maiden Name]

Mother's Maiden Name

[Grid for Mother's Street Address]

Mother's Street Address

[Grid for Apartment #]

Apartment #

[Grid for Telephone]

Telephone

[Grid for City]

City

[Grid for State]

State

[Grid for Zip Code]

Zip Code

[Grid for County]

County

ImmTrac, the Texas immunization registry, is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates and stores your child's (under 18 years of age) immunization records. With your consent, your child's immunization information will be included in ImmTrac. Doctors, public health departments, schools and other authorized professionals can access your child's immunization history to ensure that important vaccines are not missed.

The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry.

**Consent for Registration of Child and
Release of Immunization Records to Authorized Entities**

I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac"). Once in ImmTrac, the child's immunization information may by law be accessed by:

- a public health district or local health department, for public health purposes within their areas of jurisdiction;
- a physician, or other health care provider legally authorized to administer vaccines, for treating the child as a patient;
- a state agency having legal custody of the child;
- a Texas school or child care facility in which the child is enrolled;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

I understand that I may withdraw this consent to include information on my child in the ImmTrac Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac Group – MC 1946, P.O. Box 149347, Austin, Texas 78714-9347.

Please mark the appropriate box to indicate your choice.

I **GRANT** consent for registration. I wish to **INCLUDE** my child's information in the Texas immunization registry.

I **DENY** consent for registration. I wish to **EXCLUDE** my child's information from the Texas immunization registry.

Parent, legal guardian or managing conservator:

Printed Name

Date

Signature

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Questions? (800) 252-9152 • (512) 458-7284 • www.ImmTrac.com

Texas Department of State Health Services • ImmTrac Group – MC 1946 • P.O. Box 149347 • Austin, TX 78714-9347

ImmTrac NB-2 Stock No. F11-11936

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BIRTH REGISTRARS – Please enter newborn client information in Texas Electronic Registrar and **affirm** that consent has been granted. **DO NOT fax to DSHS. Retain this form in the client's birth record.**