Utah Department of Health & Human Services

Utah Department of Health and Human Services
USIIS Program
Phone: (801) 538-9450
Fax: (801) 538-9440
E mail: immunize@utah.gov

PROVIDER IMMUNIZATION RECORD REQUEST

Please allow 2-4 business days to process

Please fill out the information below, sign, date, and submit it to the Utah Department of Health and Human Services, contact information is provided in the upper right corner of this form. **All of the below sections must be completed for approval** (incomplete forms will not be processed).

Note: not all healthcare providers in Utah participate in the Utah Statewide Immunization Information System (USIIS). Therefore, a record may not be in USIIS or the record may not be complete.

Requestor Information

Requestor Name:_____ Requestor Title: _____

Requestor Phone Number:_____ Requestor Email: _____

Requestor Organization: _____

Requestor Organization Address: _____

Street City State Zip

Purpose of Disclosure

☐ Continuity of Care ☐ Child Caring Facilities ☐ Other: _____

Patient Information

1. Name:_____
   Last First Middle
   Date of birth:_____ Mother's Maiden Name: _____
2. Name:_____
   Last First Middle
   Date of birth:_____ Mother's Maiden Name: _____

Any other name used in the past: ☐ Maiden or Last Name ☐ First Name

Name: _____

Please indicate how you would like to receive the record(s).

(Please choose one method. Only one copy will be supplied for each individual.)

Email record(s) to: _____ ☐ Fax record(s) to: _____

Mail record(s) to: _____
Street City State Zip

Important: If you request the record(s) to be emailed, record(s) will be sent through secure encrypted email.

Requestor Signature

Registry information is confidential and will not be released without a signature of an authorized Physician and/or facility Director.

_____ _____ _____

Physician/Director Name (print) Physician/Director Signature Date