

Parent/Guardian Record Request

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon, from either public or private providers. ALERT IIS helps parents, health care providers, schools and other authorized users as defined below to know an individual's immunization status.

State law¹ and Oregon Administrative Rules² cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual's health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parent if the person is a minor.

Parents and legal guardians can access records on behalf of their children until the child turns 18; after that point, the individuals themselves must request a record. If you would like a copy of your child's immunization record, please complete the following **required** information:

Child's Name - First: _____ Middle: _____ Last: _____

Address: _____ City, State, Zip: _____

Child's Date of Birth: _____ Place of Birth: _____ Gender: ☐ Female ☐ Male

I understand that, as a parent or guardian of a child under 18, I may request my child's immunization record from ALERT IIS up to four (4) times within one calendar year free of charge. Additional copies of my child's immunization record may be provided based on a reasonable fee established by the Director of ALERT IIS.

Please send the record to one of the following authorized users:

☐ Health Care Provider ☐ School ☐ Childcare Facility ☐ Myself (Parent/Guardian)

Recipient/To The Attention Of: _____ Name of Organization: _____

Fax Number: _____ Phone Number: _____

OR

Mailing Address: _____ City, State, Zip: _____

By signing this agreement, I state that I am the parent or guardian for the child listed above.

Name of Parent/Guardian: _____ Telephone Number: _____

Signature: _____ Date: _____

For Office Use Only

Date Received: _____	<input type="checkbox"/> Record Found, Date Sent: _____	Initials: _____
<input type="checkbox"/> Record Not Sent	Reason: _____	Initials: _____

¹ORS 433.090 to ORS 433.102

²OAR 333-049-0100 to OAR 333-049-0130