



NORTH DAKOTA  
DEPARTMENT *of* HEALTH

## Adult Opt Out

### North Dakota Immunization Information System

The North Dakota Immunization Information System (NDIIS) is a confidential, electronic system that allows authorized users, such as healthcare providers, pharmacies and long-term care facilities, to view and enter immunization records. Adults 19 and older have the right to opt out of the NDIIS. By opting out, you are indicating that you do not want any of your immunizations, including both past immunizations as well as newly administered immunizations, to be entered in to the NDIIS. By choosing not to have your immunizations in the NDIIS, you are not allowing any healthcare provider that you see to be able to view your immunization history in the NDIIS, which could lead to additional, unnecessary immunizations. You also may be unable to find your immunization record for future school or employment. Once you have opted out of the NDIIS you can choose to opt back in, however there may be information missing from your immunization history.

Please complete this form by clearly printing all information.

Adult opt-out requests should either be mailed or faxed to the North Dakota Department of Health.  
**Requests will not be accepted over the telephone.**

North Dakota Department of Health  
Immunization Program  
2635 East Main Ave., P.O. Box 5520  
Bismarck, ND 58506-5520

Fax Number: 701.328.0355



**NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS) ADULT OPT OUT**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF DISEASE CONTROL  
SFN 60703 (08-2014)

<b>Requestor's Information</b>		
Last Name:	First Name:	
Date of Birth:	Gender:	Male      Female
Street address:		
City:	State:	ZIP Code:
<b>I would like to opt out of having my immunization information entered in to the NDIIS.</b>		
<b>I have previously opted out of the NDIIS but would now like to opt back in and have my immunization information entered in to the NDIIS.</b>		
Requestor's Signature:		

<b>North Dakota Department of Health (For Office Use Only)</b>	
Date Received:	Date Fulfilled:
Initials:	