

**NEBRASKA STATE IMMUNIZATION INFORMATION SYSTEM**

**OPT-OUT FORM**

Records of all immunizations given in this health care facility are kept in the Nebraska State Immunization Information System (NESIIS). Nebraska State Law allows release of the person's name, birthdate, and dates of immunizations received to schools, health care providers, daycare providers, and public health entities without a signed release of information form. If you do not wish your child's immunization record to be shared with these entities, please complete and return this form to:

Nebraska Department of Health and Human Services  
Immunization Program  
P.O. Box 95026  
Lincoln, NE 68509-5026

I \_\_\_\_\_ wish to prevent sharing of my child's  
(First & Last Name of Parent/Guardian)  
immunization records. By signing this form, I understand that my child's immunization information will not be shared with my child's physician, daycare, or school without a signed release of information.

\_\_\_\_\_  
Child's first/middle/last name

\_\_\_\_\_  
Date of Birth

Gender (circle one):    Male                  Female

\_\_\_\_\_  
Parent/guardian address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date Signed (month/day/year)