

**NEBRASKA STATE IMMUNIZATION INFORMATION SYSTEM**

**OPT-OUT FORM**

Nebraska State Law allows for the collection of immunization related information in the Nebraska State Immunization Information System (NESIIS). Nebraska State Law also allows for the 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 or 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 Registry Program  
P.O. Box 95026  
Lincoln, NE 68509-5026

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

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

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

Gender (circle one):    Male                  Female

\_\_\_\_\_  
Patient or Parent/guardian address

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

\_\_\_\_\_  
Signature of patient or parent/guardian

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