



ALERT IIS  
800 NE Oregon Street, Suite 370  
Portland, Oregon 97232  
Phone: (800)980-9431  
Fax: (971)673-0276  
Web: www.alertiis.org  
Email: alertiis@odhsoha.oregon.gov

## Adult Record Request Form

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 law<sup>1</sup> and Oregon Administrative Rules<sup>2</sup> 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 person is a minor.

Once an individual attains 18 years of age, that person's parents may no longer request a record, but the legal adult may request the information directly. If you would like a copy of your immunization record, please complete the following **required** information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: Female Male

I understand that I may request my immunization record from ALERT IIS up to four (4) times within one calendar year free of charge. Additional copies of my 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

Recipient/To The Attention Of: \_\_\_\_\_ Name of Organization: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**OR**

Send the record to me at the address above      FAX the record to me at: \_\_\_\_\_

By signing this agreement, I am verifying that the information listed above is true and accurate.

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

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

<sup>1</sup>ORS 433.090 to ORS 433.102

<sup>2</sup>OAR 333-049-0100 to OAR 333-049-0130