



ALERT IIS  
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## 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 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 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: _____

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

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