



## Washington State Immunization Information System (WAIIS) Information to Know Before Choosing Not to Participate

## Before choosing not to participate in the WAIIS, review the following information:

The <u>Washington State Immunization Information System</u> (WAIIS) is our state's lifetime immunization registry and allows healthcare providers and schools to keep track of your and your family's vaccines, and when you may or may not need to get vaccinated.

Besides you, the only other people authorized to see you or your family's information in the WAIIS are healthcare professionals. This includes healthcare professionals that work in your child's school. To be authorized, healthcare professionals must sign a special agreement with the Washington State Department of Health (DOH).

The WAIIS receives your family's information from healthcare providers, health plans, and information from your birth certificate that is available to the public.

You and/or other members of your family may need copies of your immunization record for school camp, college, the military, etc. Deleting your families information from the WAIIS may prevent you from obtaining this information in the future including through the <a href="MyIR">MyIR</a> system.

DOH sends <u>Watch Me Grow Washington</u> mailings as a way to remind you about your child's need for well-child checkups and vaccines along with other important health and safety information. If your child's information is no longer maintained in the WAIIS, DOH will no longer be able to send this information.

The state employees and contractors who maintain the WAIIS are legally bound by federal and state confidentiality and privacy rules.

Information in the WAIIS is not used for commercial or marketing purposes.

If you choose to remove information from the WAIIS, please note that each time you or your child receives immunizations you must request your healthcare provider not send your information to the WAIIS. DOH receives information from providers and does not have control of the information providers send.

After removing yourself from the WAIIS, you have the option to participate in the WAIIS again, however there may be gaps or inconsistencies in your/your child's historical vaccination data.

If you receive a COVID-19 vaccine, the DOH will retain that information for as long as required for the purposes of reporting to the federal government, pursuant to the requirements of the Centers for Disease Control and Prevention, and cannot be deleted until then. DOH generally reports de-identified vaccine records to the federal government within 72 hours of the data entering the WAIIS.

If, after reading the information above, you still chose not to participate in the WAIIS, fill out and sign the "Request to Decline Participation in the WAIIS" form and send to us.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.





## **Request to Decline Participation in the WAIIS**

Each person requires their own form. This form is for:

		☐ Myself	□МуС	hild			
Person's First Name		Person's Middle Name	Person's L	ast Name (	Name (current and former, if applicable)		
Date of Birth (MM/DD/YYYY)		Address (including apt #, if applicable) City		City	State Zip Code		
Washingto	on State Immi	unization Information S	ystem (W	AIIS)			
Select One:	<ul> <li>Remove my information from the Watch Me Grow Washington Mailing list (only for children under 6)</li> <li>Remove only my immunization records from the WAIIS (Watch Me Grow Washington mailings will still be sent for children under 6)</li> </ul>						
	Remove <u>all</u> of my information from the WAIIS (includes both Watch Me Grow Washington and immunization records)						
Email me a	copy of the c	official immunization red	cords so I h	ave it fo	or future refer	ence:	
☐ Yes		o Email:					
Information	on to Know Be e must have a	acknowledge that you fore Choosing Not to P on original signature (el	articipate' ectronic si	'. You m gnature	ay mail, fax, o s will not be a	or e-mail, ccepted).	
Signature / Sig	gnature of Parent	or Legal Guardian (must be or	iginal signati	ure)	1	Date	
First Name		Last No	ime		elationship to Chi	ld (if applicable)	
ontact Phon	e or Email (in ca	se we are unable to locate y	our records	):			
dditional Co	mments:						

## **Washington State Immunization Information System**

PO Box 47843, Olympia, WA 98504-7843

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