



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 law1 and Oregon Administrative Rules2 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: _____ Phone number: _____
Signature: _____ Date: _____

For office use only

Date received: _____ Record found, Date sent: _____ Initials: _____
 Record not sent Reason: _____ Initials: _____

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-800-980-9431, 711 TTY or alertiis@dhs.ohio.state.us.

1ORS 433.090 to ORS 433.102
2OAR 333-049-0100 to OAR 333-049-0130