



ImmTrac2 Immunization Registry
First Responder / Family Member
Request Form



(Please print clearly)

Client's Last Name

Client's First Name

Client's Date of Birth

Client's Address

City

Mother's First Name

Client's Middle Name

Client's Gender: Male Female

Apartment # Client's Telephone

State Zip Code County

Mother's Maiden Name

ImmTrac2, the Texas immunization registry, is a free service of the Texas Department of State Health Services. The immunization registry is a secure and confidential service that consolidates and stores your immunization records. State law permits the inclusion of immunization records for First Responders and their immediate family members (over 18 years of age) in the Registry.

The Texas Department of State Health Services (DSHS) encourages your voluntary participation in the Texas immunization registry.

Request for Inclusion of First Responder or First Responder Family Member
Immunization Information and Release of Immunization Records to Authorized Entities

I understand that, by requesting inclusion below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2").

I understand that I may withdraw this request to include my immunization information in the ImmTrac2 Registry and my request to release information from the Registry, at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group - MC 1946, P. O. Box 149347, Austin, Texas 78714-9347.

Please mark the appropriate box to indicate whether you are a First Responder or an Immediate Family Member.

- I am a FIRST RESPONDER.
I am an IMMEDIATE FAMILY MEMBER (older than 18 years of age) of a First Responder.

By my signature below, I REQUEST inclusion of my immunization information in the Texas immunization registry.

Client's Printed Name:

Date: Signature:

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request.

Upon completion, please fax or mail form to the DSHS ImmTrac2 Group or a registered Health-care provider.
Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com • ImmTrac2 FR/FM
Texas Department of State Health Services • ImmTrac2 Group - MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2

Please enter client information in ImmTrac2 and affirm that consent has been granted.
DO NOT fax to ImmTrac2. Retain this form in your client's record.