



REQUEST TO CHANGE OPT-OUT STATUS

FLORIDA SHOTS IMMUNIZATION INFORMATION SYSTEM



The patient(s) listed below previously chose to opt out of the Florida SHOTS Immunization Information System. No immunization information for the patient(s) is currently stored. To request a change of Opt-Out status, complete and fax this form to the Immunization Section at 850-412-5801 for processing.

** Please note: No previous immunizations administered to the patient(s) will exist in the Florida SHOTS Immunization Information System until each is manually entered by a health care provider after this form has been processed. **

Please print below, except for the required signature:

(Fill out information for each patient. More than one form may be completed for additional patients.)

Patient's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: -10px;"> Last Name First Name Middle Initial </div>
Patient's Date of Birth: _____ <div style="text-align: center; font-size: small; margin-top: -10px;">Month/Day/Year</div>

Patient's Name: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: -10px;"> Last Name First Name Middle Initial </div>
Patient's Date of Birth: _____ <div style="text-align: center; font-size: small; margin-top: -10px;">Month/Day/Year</div>

I certify I have legal rights to request this change of opt-out designation, either as the patient or legal guardian of the patient(s). I hereby allow Florida SHOTS to store the immunization records of the patient(s) listed above, with the knowledge these records may be accessed by individuals authorized by the Dept. of Health, Immunization Section.

Name: _____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: -10px;"> Last Name First Name </div>
Relationship to Patient: _____
Signature (Must be 18 or older): _____
Date: _____ Phone: () _____

Name of Sender: _____

Office Name: _____

Phone Number of Sender: _____

If patient is waiting, or action is needed soon, please call the Florida SHOTS help desk at 877-888-7468. Faxing of this page to 850-412-5801 will be received on a secured fax server. No coversheet is required.