

FLORIDA SHOTS/IMMUNIZATION REGISTRY REQUEST TO CHANGE OPT-OUT STATUS

I am the parent or legal guardian of the child(ren) indicated below. I request an Opt-Out status change for the child(ren) listed below to allow immunization records in Florida SHOTS to be shared with health care providers who are authorized system users.

Parent's Name (Print): _____	<small>Last Name</small>	<small>First Name</small>
Signature of Parent: _____		
Date: _____	Phone: () _____	

Please Print (Fill out information for each child)

Child's Name: _____	<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
Child's Date of Birth: _____	<small>Month/Day/Year</small>		
Child's SSN: _____			

Child's Name: _____	<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
Child's Date of Birth: _____	<small>Month/Day/Year</small>		
Child's SSN: _____			

Child's Name: _____	<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>
Child's Date of Birth: _____	<small>Month/Day/Year</small>		
Child's SSN: _____			

Fill out the form above and fax to the Immunizations Section at (850) 412-5801, with attention to Florida SHOTS. Cover page should include the name of the person sending the fax with a call back number, level of urgency, and confidential fax designation. Call the Florida SHOTS toll-free number to apprise staff of the fax arrival. The phone number is 1-877-888-SHOT (7468).