

San Antonio Immunization Registry System (SAIRS) Request to Opt Into SAIRS

Note: This Form is required to allow a person who has previously opted out of the registry to opt back in to the registry thereby allowing collection of immunization data on the person.

Name of client (person whose information is <i>to be entered into the registry</i>):									
Last:				First:				Middle:	
Date of Birth								Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
	M	M	D	D	Y	Y	Y	Y	
Mother's Maiden Name		Last:				First:		Middle:	
Name of person <i>authorizing entry</i> of immunization information:									
Name of Parent or Guardian		Last:				First:		Middle:	
Relationship to Client:									
Mailing Address									
City					State			Zip	

I request this person be reinstated into the San Antonio Immunization Registry System (SAIRS). I understand this action will allow the San Antonio Metropolitan Health District (SAMHD) to add all available immunization data on this person from participating providers to the registry as a result of this action. The registry will be the official source of immunization history for this person.

This *Request to Opt Into SAIRS* form will be maintained at the SAMHD Immunization Division's office, and may be disclosed only as described in the *Notice of Privacy Practices*.

I understand immunization information may be added to the registry for this client until the SAMHD Immunization Division receives a notification from the parent or legal guardian indicating the desire to opt out of the registry. A *Request to Opt Out of SAIRS* form is available at <http://www.sanantonio.gov/health/immunizations-sairs.html>. The SAMHD must receive a completed and signed *Request to Opt Out of SAIRS* form prior to changing the status of the individual named above.

Only completed requests will be processed. Please allow 10 to 15 business days from the date the form is received in our office for processing.

Signature of Client or Parent/Guardian

Date

Mail or hand-deliver to the following address:

Metro Health -- Immunization Division
SAIRS Opt In
332 W. Commerce, Suite 108
San Antonio, TX 78205
(210) 207-8790