



Request for Immunization Records North Dakota Immunization Information System

The North Dakota Immunization Information System (NDIIS) is a confidential, electronic system that collects immunization data for all North Dakotans. The NDIIS is an important tool to increase and sustain high vaccination coverage by consolidating vaccination records of children from multiple providers, generating reminder and recall vaccination notices for each child, and providing official vaccination forms and vaccination coverage assessments. Children are entered into the NDIIS at birth through a linkage with electronic birth records. An NDIIS immunization record can also be initiated by a healthcare provider at the time of the child's first immunization. The NDIIS has the capability of collecting vaccination data on adult patients as well as children; however, the NDIIS was created in 1996, so most adults will not have childhood immunizations in the NDIIS. Most North Dakota children and adults will have at least a partial immunization record in the NDIIS.

Immunization records from the NDIIS may also be requested by contacting your local public health unit or healthcare provider.

Please complete this form by clearly printing all information and attaching any additional supporting documentation required.

- **All requests MUST be accompanied with a photocopy of the requestor's current state-issued driver's license or picture I.D. or it will not be processed. Submitted photocopy MUST be clear enough to see the picture and clearly read the name and birthdate on the I.D.**
- **If the record requested is for a person younger than 18, please state your relationship to the child.**
- **If the record requested is for a person 18 and older, only the person named on the immunization record may make the request.**
- **If the requestor is a social services agency, please provide a signed release of information form and a copy of the court order granting guardianship to social services.**

Immunization record requests and supporting documentation may either be mailed or emailed¹ to the North Dakota Department of Health. **Record requests will not be accepted over the telephone.**

Record requests submitted without the required supporting documentation or with illegible supporting documentation will not be processed.

Please mail or email your immunization record request form and all supporting documentation to:

North Dakota Department of Health
Immunization Program
2635 East Main Ave., P.O. Box 5520
Bismarck, ND 58506-5520

Email Address: immrecord@nd.gov

Please allow up to 5 business days for processing your record request.

¹ Immunization record requests and supporting documentation submitted to the North Dakota Department of Health via email will be kept secure once received and when sent. However, email may not be secure while the information is in transit from the submitter's email account to the Department of Health.

NORTH DAKOTA IMMUNIZATION RECORD REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 58454 (08-2019)

Immunization Record Request		
Requested Method for Record to be Sent: Mail <input type="checkbox"/> Email <input type="checkbox"/>		
Requested Immunization Record Information		
First Name:	Middle Name:	
Maiden Name:	Last Name:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Requestor's Information		
Requestor's Last Name:	Requestor's First Name:	
Relationship: Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian (provide release of information form) <input type="checkbox"/>		
Street Address:		
City:	State:	ZIP Code:
Telephone Number:	Email Address (if requested to be sent via email):	
Supporting Documentation: Driver's License <input type="checkbox"/> Release of Information <input type="checkbox"/> Court Order Granting Guardianship <input type="checkbox"/>		
<input type="checkbox"/> By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.		
Signature:		Date:

North Dakota Department of Health <i>(For Office Use Only)</i>		
Date Received:	Date Fulfilled:	
Initials:	<input type="checkbox"/> Record Sent	<input type="checkbox"/> Record Not Found