

For Office Use Only

Date Form Received: / / Entered into CIR: / /
 Updated Record: Staff Initials:
 New Record:

Child or Individual Enrollment or Update Form

(1) Complete this form. (2) Attach a clear copy of your child's or individual applicant's Lifetime Health Record or other immunization card. (3) Mail this form to the address shown ⇒

CHECK APPROPRIATE BOX:

- ☐ I want to enroll my child in the Citywide Immunization Registry (CIR). ☐ I want to update my child's CIR record.
☐ I want to enroll myself in the Citywide Immunization Registry (CIR). ☐ I want to update my CIR record.

PLEASE PRINT CLEARLY—

Child or Individual Enrollee's Information:

LAST NAME FIRST NAME MIDDLE NAME

Sex (assigned at birth): ☐ Male ☐ Female

DATE OF BIRTH MEDICAID NUMBER (if applicable):
 month / day / year

NAME OF HOSPITAL WHERE ENROLLING CHILD or INDIVIDUAL WAS BORN

NAME OF HEALTH CARE PROVIDER

PROVIDER'S PHONE NUMBER: - -

Information of Enrollee's Mother:

MAIDEN NAME (last name prior to first marriage) FIRST NAME

MOTHER'S DATE OF BIRTH:
 month / day / year

Applicant Information:

CHOOSE ONE: ☐ Self or,
 Relationship to Child: ☐ Mother ☐ Father ☐ Guardian
☐ Other (please describe, e.g. grandparent):

LAST NAME

FIRST NAME

STREET ADDRESS APT #

CITY STATE ZIP CODE

PHONE: - -

☐ **YES**, please send a copy of the immunization record to me.
 You will receive a reply within seven business days of receipt.

This is to certify that I am the parent, guardian, or other person in custodial relation to the child whose information is listed above, or the individual to whom the record relates. I wish to enroll the child listed above in the Citywide Immunization Registry and I consent to the use of the information by the child's health care providers, by DOHMH, or by other authorized organizations for the protection of public health. I understand that all information submitted to the Citywide Immunization Registry will be kept confidential in accordance with section 11.11 of the NYC Health Code and New York State Public Health Law 2168. I understand that submitting false, untrue or misleading information to the Department of Health and Mental Hygiene is a violation of New York City Health Code §3.19. I further understand that each incident of such violation is punishable by civil penalties up to \$2,000 pursuant to New York City Health Code §3.11.

Signature of Applicant _____

Date _____