



Citywide Immunization Registry

Child Enrollment/Update Form

- To enroll your child in the Citywide Immunization Registry (CIR), complete this form and attach a clear copy of your child's Lifetime Health Record or other immunization card.
- To update your child's CIR record, please complete all information on this form and attach a clear copy of your child's Lifetime Health Record or other immunization card.

For Office Use Only	
Date Form Received: ___/___/___	<input type="checkbox"/> Updated Record <input type="checkbox"/> New Record
Entered into CIR: ___/___/___	Staff Initials _____

Mail this form to:

New York City Department of Health - Citywide Immunization Registry
125 Worth Street, Box 64-R NY, NY 10013

PLEASE PRINT CLEARLY

Child's Name		
First _____	Last _____	Middle _____
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ___/___/___ <small> month day year </small>	Medicaid # (if applicable) _ _ _ _ _ _ _ _ _ _
NAME OF HOSPITAL WHERE CHILD WAS BORN _____	NAME OF HEALTH CARE PROVIDER _____	(____) _____ - _____ PROVIDER'S TELEPHONE
Mother's Maiden Name (name before marriage) Last: _____ First: _____		
Mother's Date of Birth: ___/___/___ <small>month day year </small>		

APPLICANT INFORMATION: Relationship to Child: Mother Father Guardian Other _____ (please describe, e.g. grandparent)

LAST NAME _____

FIRST NAME _____

STREET ADDRESS _____

APT # _____

CITY _____

STATE _____

ZIP CODE _____

(____) _____ - _____
TELEPHONE

Primary Language Spoken: English Spanish Arabic Korean Chinese Russian Haitian-Creole Other _____

Yes, I would like a copy of the immunization record mailed to my home.

This is to certify that I am the parent, guardian, custodian, or other such person in parental relationship to the child listed above, or the individual to whom the record relates. I wish to enroll the child listed above in the Citywide Immunization Registry and consent to the use of the information by the child's health care providers, by DOH, or by other 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 11.07 (d) of the NYC Health Code.

Signature of Applicant _____ Date _____