



ALERT IIS
800 NE Oregon Street, Suite 370
Portland, Oregon 97232
Phone: (800)980-9431
Fax: (971)673-0276
Web: www.alertiis.org
Email: alertiis@state.or.us

Adult Record Request Form

ALERT Immunization Information System (IIS) is a statewide registry that records vaccinations administered in Oregon, from either public or private providers. ALERT IIS helps parents, health care providers, schools and other authorized users as defined below to know an individual's immunization status.

State law and Oregon Administrative Rules cover collection and release of information in ALERT IIS. By law, information is confidential and can only be shared with authorized users, including an individual's health care provider, school, childcare facility, insurer, local health department, the individuals themselves or their parent if person is a minor.

Once an individual attains 18 years of age, that person's parents may no longer request a record, but the legal adult may request the information directly. If you would like a copy of your immunization record, please complete the following required information:

First name: Middle: Last:
Address: City, State, ZIP:
Date of birth: Place of birth: Gender: Female Male

I understand that I may request my immunization record from ALERT IIS up to four (4) times within one calendar year free of charge. Additional copies of my immunization record may be provided based on a reasonable fee established by the director of ALERT IIS.

Please send the record to one of the following authorized users:

Health Care Provider School
Recipient/to the attention of: Name of organization:
FAX number: Phone number:

OR
Send the record to me at the address above FAX the record to me at:

By signing this agreement, I am verifying that the information listed above is true and accurate.

Printed name: Phone number:
Signature: Date:

For office use only

Date received: Record found, Date sent: Initials:
Record not sent Reason: Initials:

For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 800-980-9431, 711 TTY or alertiis@dhsosha.state.or.us.

1 ORS 433.090 to ORS 433.102

2 OAR 333-049-0100 to OAR 333-049-0130 Adult Record Request: 6-2010