



Request for Immunization Records North Dakota Immunization Information System

The North Dakota Immunization Information System (NDIIS) is a confidential, population-based, information system that collects and consolidates immunization data for North Dakota residents. The NDIIS provides an important service to North Dakotans by consolidating vaccination information from multiple providers and providing an official certificate of immunization.

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, local public health department, or pharmacy at the time of vaccination. The NDIIS includes vaccination records for residents of all ages; however, the NDIIS was created in 1996, so adults may 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 stateissued 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 current court order granting guardianship to social services.

Immunization record requests and supporting documentation may either be mailed or emailed to the North Dakota Department of Health & Human Services. **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:

ND Department of Health & Human Services Division of Public Health Immunization Unit 600 E Boulevard Ave, Dept. 325 Bismarck, ND 58505-0200 Email Address: immrecord@nd.gov

Please allow up to 10 business days for processing your record request.

¹ Immunization record requests and supporting documentation submitted to the North Dakota Department of Health & Human Services (NDHHS) 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 NDHHS.

NORTH DAKOTA IMMUNIZATION RECORD REQUEST

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH, IMMUNIZATION UNIT SFN 58454 (09-2022)

Immunization Record Request			
Requested Method for Re	cord to be Sent: M	1ail	Email
Requested Immunization Record Information			
First Name:		Middle Name:	
Maiden Name:		Last Name:	
Date of Birth:		Gender: Male Female	
Exclude the following vaccines from the requested record:			
Flu COVID19 Mpox		None – I would like all vaccines included	
Requestor's Information			
Requestor's Last Name:		Requestor's First Name:	
Relationship: Self Parent Guardian (provide release of information form)			
Street Address:			
City:		State:	ZIP Code:
Telephone Number: Email Address (if requested to be sent via email):			
Supporting Documentation: Driver's License Release of Information Court Order Granting Guardianship			
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 & Human Services (For Office Use Only)			
Date Received:		Date Fulfilled:	
Initials:	Record	Sent	Record Not Found