



Immunization Record Enrollment or Update Form

For Official Use Only	
Form Received on: _____	Entered in CIR: _____
<input type="checkbox"/> Updated Record	<input type="checkbox"/> New Record
Staff Initials: _____	

Instructions to request a record by mail:

1. Complete this form.
2. Attach a clear copy of the child's or the individual's Lifetime Health Record or other immunization card.
3. Mail the completed form and the Lifetime Health Record or immunization card to: [NYC DOHMH Citywide Immunization Registry](#)
42-09 28th Street, 5th Fl., CN 21
LIC, NY 11101-4132

Type of Request (Select one)

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 CIR.

I want to update my CIR record.

Please print clearly.

Child or Individual's Information

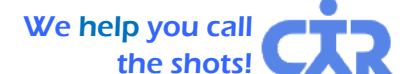
First Name	Middle Name	
Last Name		
Sex Assigned at Birth	Male	Female
Born in NYC?	Yes	No
Date of Birth (month/day/year)	Medicaid Number (if applicable)	
Name of Hospital Where Child or Individual Was Born		
Health Care Provider's Name		
Health Care Provider's Phone Number		
Mother's First Name	Mother's Maiden Name (last name before first marriage)	
Mother's Date of Birth (month/day/year)		

Applicant Information

Select your relationship to the child or individual.

Self	Mother	Father
Guardian	Other (describe)	
First Name		
Last Name		
Address		Apt.
City	State	ZIP Code
Phone Number	-	-
Email Address		
Primary Language (if not English)		
Send me a copy of the immunization record. You will receive a reply within ten 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 or update information on myself or the child listed above in the Citywide Immunization Registry and I consent to the use of the information by 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**For more info, or to request a print copy of this form, call 311, visit nyc.gov/health/cir or email cir@health.nyc.gov.