

New Jersey Department of Health  
 Vaccine Preventable Disease Program  
 P.O. Box 369, Trenton, NJ 08625-0369  
 609-826-4860  
 www.njiis.nj.gov

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)  
 REQUEST FOR CHANGE TO NJIIS IMMUNIZATION RECORD**

*Please attach documents to identify the person requesting this change to the NJIIS immunization record. Some examples of acceptable forms of identification are: a state-issued photo driver's license with address; a state-issued photo non-driver's identification card with address; a similar form of identification issued by this State, another state, or the Federal government; or a photo identification card issued by a New Jersey county clerk.*

*Also include immunization and/or medical documentation to support the change requested.*

INFORMATION AS IT CURRENTLY APPEARS IN NJIIS			
Name of Registrant <i>(Print)</i>		Date of Birth	
Street Address		NJIIS Registry ID Number <i>(if known)</i>	
City	State	Zip Code	
Name of Parent/Guardian		Telephone Number	
Name of Current Primary Health Care Provider		Telephone Number	
SECTION A – DEMOGRAPHIC INFORMATION CHANGE(S) *			
Name <i>(Print)</i>		Date of Birth	
Street Address			
City	State	Zip Code	
Name of Parent/Guardian		Telephone Number	
SECTION B – MEDICAL INFORMATION CHANGE(S) *			
Lead	Newborn Hearing Screening	TB	
Other			
SECTION C – IMMUNIZATION INFORMATION CHANGE(S) *			
Vaccine Type	Date Dose Administered	Name of Health Care Provider	Other
Name of Requestor <i>(Print)</i>		Relationship to Registrant	
Signature of Requestor		Date of Request	

**\* Attach a written statement explaining the reason(s) for this change to the NJIIS immunization record  
 Mail completed form with copies of official supporting documents to the address above.**