



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich / Governor

Request to be Reinstated/ Participate in the Impact Statewide Immunization Information System (ImpactSIIS)

In order to be reinstated into the immunization registry and appointment reminder system, called ImpactSIIS, the Ohio Department of Health must receive this form signed by the patient, or if the patient is a minor, the parent or legal guardian. Immunization data for the patient listed below will be made available to health care providers. Accuracy of an individual's immunization records should be checked by a health care provider. We accept immunization records only from health care providers or a party's insurance carrier. At all times access to an individual's immunization record is protected, made available only to health care providers and school nurses.

PLEASE PRINT Use formal names with nicknames in parenthesis, for example, William (Bill).

Patient's Information

Name (Last, First and Middle): _____, _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Date of Birth: ___ / ___ / _____ Social Security Number*: _____ - _____ - _____

Telephone Number: (_____) _____ - _____

Mother's (or Guardian's) Information

Name (Last, First and Middle): _____, _____

Date of Birth: ___ / ___ / _____ Social Security Number*: _____ - _____ - _____

Maiden Name: _____

Father's (or Guardian's) Information

Name (Last, First and Middle): _____, _____

Date of Birth: ___ / ___ / _____ Social Security Number*: _____ - _____ - _____

* Supplying the Social Security Numbers is optional.

By completing and signing this form, I am requesting to be reinstated into Ohio Department of Health ImpactSIIS. If I am signing on behalf of a minor, I certify that I am legally authorized, under penalty of law, to exercise the rights of the minor identified in this document.

Signature: _____

Date: ___ / ___ / _____

This form must be sent to:
**Ohio Department of Health
Immunization - Impact SIIS
35 East Chestnut Street
Columbus, OH 43215**

Telephone: (614) 466-4643
Facsimile: (614) 728-4279

