Maryland
DEPARTMENT OF HEALTH

Center For Immunization
Maryland's Immunization Information System (ImmuNet)

Vaccination Records Request Form

Maryland's Immunization Information System (ImmuNet) is a secure, web-based registry managed by the Center for Immunization at the Maryland Department of Health (MDH). All information in ImmuNet is confidential, HIPAA and FERPA compliant, and accessible only to authorized providers. Records will not be shared with third parties without written consent.

When to Use This Form

Please complete this form if:

1. You are registered with MyIR (myirmobile.com) but your ImmuNet demographic information does not match your MyIR profile.
2. You are not able to use MyIR or do not agree with its Terms of Service (https://app.myirmobile.com/terms-of-service) and Privacy Policy (https://app.myirmobile.com/privacy-policy), and this is one of your alternative options to obtain your vaccination records.
   For your convenience, you may be able to access your records more quickly through your healthcare provider or pharmacy's website patient portal (if these options are available).
3. You are an out-of-state provider requesting Maryland vaccination records for your patient.

Note: Clients 18 years and older must request their own records (i.e. fill out their own form).

Maryland authorized providers: view your patients records directly in ImmuNet (get access at health.maryland.gov/immunet).

What You Need to Provide

To ensure a prompt response, please include:

1. Accurate and complete personal information (must match your MyIR registration if applicable)
2. A valid email address, fax number, or mailing address where your records can be sent

Client's Information

First Name _____ Middle Name _____ Last Name _____

Maiden Name (if applicable) _____ Mother's Maiden Name _____

Date of Birth _____ Sex _____

Address _____ City _____ State _____ Zip Code _____

Phone number (Home / Cell) _____ Email address _____

To help find/match the records, please list other known names/addresses/phones which may be associated with the client's Maryland vaccination records.

_____

_____

Maryland
DEPARTMENT OF HEALTH

Requestor's Information

Information about the person completing the record request (this information will be used to contact you if this form is incomplete/unclear, or if more information is needed to match the record and will be filed as legal documentation of the record request). Clients 18 years and older must request their own records (i.e. fill out their own form).

Relationship to client(s):
☐ Self ☐ Parent ☐ Legal Guardian ☐ Healthcare Provider
☐ Other Person in Custodial Relation to Client(s) – what is the purpose for requesting access to the client(s) record?

_____

_____
Requestor's First Name | Requestor's Middle Initial | Requestor's Last Name

☐ Same as Client's Information above (if not, please provide the information below)

_____
Requestor's Address | City | State | Zip Code

_____ _____
Requestor's Phone number (Home/Cell) | Requestor's Email address

Select ONE method to receive records (if you select more than one method, the first selected method will be used to send the record):

☐ Secure email records to: _____
☐ Fax records to: _____
☐ Mail records to:

_____
Address | City | State | Zip Code

Please be aware that your information may not be secure once it leaves ImmuNet or MyIR. If you ask for it to be sent to a third party not covered by privacy laws, that party may disclose it to others. MDH is not responsible for the protection of your information after sending it.

Requestor's Agreement/Signature

☐ By checking this box, I declare under penalty of perjury under the laws of the state of Maryland that this information is true and correct, and that I am the client, or parent, legal guardian, healthcare provider, or other person in custodial relation to the client(s), and am authorized to sign this release on the client's/child's behalf.

☐ By checking this box, I authorized the Maryland Department of Health to update the client demographic information (address, email, or phone) in ImmuNet for record matching in MyIR.

Legal name changes must be filed at https://www.cognitoforms.com/MDH3/DataCorrectionRequestForm to include documentary proof.
Parents/Guardians: Each time your child gets vaccinated, ask your child's provider to update/confirm the parent/guardian information in their system to send to ImmuNet.

_____ _____
Requestor's Signature | Date Completed

Maryland
DEPARTMENT OF HEALTH

If requesting records for more than one client, add information below. Clients 18 years and older must request their own records (i.e. fill out their own form).

1.

Client First Name	Client Middle Name	Client Last Name
Client Date of Birth	Client Sex	Client Previous Name(s)

2.

Client First Name	Client Middle Name	Client Last Name
Client Date of Birth	Client Sex	Client Previous Name(s)

3.

Client First Name	Client Middle Name	Client Last Name
Client Date of Birth	Client Sex	Client Previous Name(s)

About MyIR

MyIR Mobile is a Scientific Technologies Corporation developed application that allows consumers access to health records and information. A parent or guardian can register and add access for family members or dependents using a simple and intuitive Web interface.

MyIR Mobile is focused on providing current immunization information to parents and guardians. This information can then be presented to schools, childcare, and athletic clubs at the parent or guardian's discretion. Families can also manage their immunization schedules and coordinate future recommended immunizations with their healthcare provider based on forecasting information, which is also shown as part of the immunization record in MyIR Mobile.

If you wish to keep a completed copy of your form, please make a copy before submitting the form.

Mail or Fax to

Maryland Department of Health
Center for Immunization - ImmuNet
201 West Preston Street 3rd Floor, Baltimore, MD 21201
Fax: (410) 333-5893

Online forms (at health.maryland.gov/immunet) are preferred for faster processing and security. If you do not have online access, you may mail or fax a hard copy of this completed form. Do not email this completed form as it places you at risk of exposing your sensitive information. E-mailed forms will not be accepted unless you are able to use an encrypted e-mail service. Once received, your request will be processed as quickly as possible.

MDH (For Official Use Only)

Date Received: _____ Initials: _____
Date Fulfilled: _____ Record Status: _____