

New Jersey Department of Health and Senior Services
Vaccine Preventable Disease Program
PO Box 369
Trenton, NJ 08625-0369

**ANNOUNCING
THE NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)**

To New Jersey Parents and Guardians:

In order to attend any licensed day care, preschool, public, parochial or private school in New Jersey, your child must meet state mandated immunization requirements. A record of these immunizations, supplied by your healthcare provider, is maintained by the school on a state approved form (A45). This record is essential for admission to any new school to which your child transfers, for entrance into high school and for college entrance. The New Jersey Immunization Information System (NJIIS) has been developed to provide a confidential population-based electronic database that collects and stores vaccination data for New Jersey residents. This registry is already in use at more than 400 sites throughout New Jersey, with more than 600,000 patient records currently in the system. The immunization Information System is the first step in creating electronic health records for New Jersey school students.

New Jersey public schools are assisting in this project by inputting data from the student's Immunization Record. Participation in this program is free and will provide you with a permanent record of your child's immunizations, as well as reminders of the need for any additional doses. It will exist for your child long after graduation when immunization records may be needed for foreign travel or other situations. It will be available to you for summer camp requirements and should you change healthcare providers.

Your child's immunization record is confidential. It is available only to you, the Health Department and its related service agencies (your child's school) and the health provider(s) you choose. If you change providers, only the new provider will be able to send you reminders.

To enroll in the system, simply sign the consent form on the back of this letter and return it to your child's school nurse within seven days.

If you have any questions, you may call your child's school nurse.

We hope that you will take advantage of this opportunity to promote the well being of your child.

**PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET AND
RETURN IT TO YOUR CHILD'S SCHOOL NURSE!**

- OVER -

*Mother's Imprint or
Parent/Guardian Information:*

Name and Address (Print):

*Child's Imprint or
Child Information:*

Name and Address (Print):

I have received information about the New Jersey Immunization Information System (NJIS) and understand that the purpose of this program is to help remind me when my child's immunizations are due and to keep a central record of my child's immunization history. I understand that I can get a copy of my child's record from my medical provider or local health department.

There is no cost to participate in this program.

Yes, I would like to participate in this program.

No, I do not want to participate in this program.

Signature of Parent/Guardian

Date

**New Jersey Department of Health and Senior Services
Vaccine Preventable Diseases Program
P.O. Box 369
Trenton, NJ 08625-0369**

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIS)
CONSENT TO PARTICIPATE**

Distribution: Original - Medical Record
Copy - Parents/Guardians