



Texas Immunization Registry (ImmTrac2)
Withdrawal of Consent and Confirmation Form

First Name Middle Name Last Name

Date of Birth (mm/dd/yyyy) Gender: Male Female Requestor's Daytime Telephone

Address Apartment #/Building #

City State Zip Code County

Optional information regarding the individual: This information is used for the Texas Immunization Registry record search purposes only and will not be retained.

Birth City Birth State Previous Address

Mother's First Name Mother's Maiden Name

1) I withdraw consent for participation and inclusion in the Texas Immunization Registry for the individual named above. Please remove information for this individual from the ImmTrac2 system. Individual or Individual's Legally Authorized Representative: Printed Name Signature Date
2) The Texas Immunization Registry (ImmTrac2) has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. From the time the event is declared over, the Texas Immunization Registry will retain disaster related information received from health care providers for a period of five (5) years. At the end of the five (5) year retention period, disaster-related information will be removed from the Texas Immunization Registry unless consent is granted to retain the information in the Texas Immunization Registry beyond the five (5) year retention period. For more information, see Texas Health and Safety Code Sec. 161.00705.
3) PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Questions? Tel: (800) 252-9152 Fax: (512) 776-7790 https://www.dshs.texas.gov/immunize/immtrac/
Texas Department of State Health Services Immunizations Texas Immunization Registry MC-1946
P. O. Box 149347 Austin, TX 78714-9347

For Office Use Only
No Record Found: No matching records were found in the Texas Immunization Registry for the individual named above.
Record Removed: All information, excluding disaster immunizations, antivirals, and other medications administered to individuals (Ref. section 2 above), has been removed for the individual named above from the Texas Immunization Registry.
Date request processed: Staff Initials:



Registro de Inmunización de Texas (ImmTrac2)
Formulario de retirada de consentimiento y confirmación

Primer nombre Segundo nombre Apellido
Fecha de nacimiento (mm/dd/aaaa) Género: [] Masculino [] Femenino Teléfono de día del solicitante

Dirección Núm. de apartamento/de edificio
Ciudad Estado Código Postal Condado

Información opcional sobre la persona: esta información se utiliza únicamente para la búsqueda de expedientes del Registro de Inmunización de Texas y no será almacenada.

Ciudad de nacimiento Estado donde nació Dirección anterior

Primer nombre de la madre Apellido de soltera de la madre

1) Retiro mi consentimiento a que la persona arriba mencionada participe o sea incluida en el Registro de Inmunización de Texas. Solicito que la información sobre esta persona se elimine del sistema ImmTrac2.
La persona o el representante legalmente autorizado de la persona:
Nombre en letra de molde Firma Fecha
2) El Registro de Inmunización de Texas (ImmTrac2) ha sido designado como el sistema de notificación y seguimiento para las vacunas, los antivirales y otros medicamentos administrados a las personas, en preparación o en respuesta a un desastre o emergencia de salud pública.
3) NOTIFICACIÓN DE PRIVACIDAD: Con algunas excepciones, usted tiene derecho a solicitar y ser informado sobre los datos que el Estado de Texas recopila sobre usted.

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