

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

ImmPact: Patient Re-Enrollment Form

Patient's First Name, Middle Initial, Last Name	Date of Birth
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Patient's complete mailing address

_____ City/Town	_____ State	_____ Zip Code
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1. I choose to exercise my right to re-enroll the above-named person in the Maine Immunization Information System (ImmPact). I authorize all immunization records for this person to be included in ImmPact. By signing this form, I hereby rescind the *ImmPact: Patient Non-Participation Form* that I signed on an earlier date.

2. I understand that participation in ImmPact is optional and at a later date, I may choose not to participate by completing the *ImmPact: Patient Non-Participation Form*.

_____ Signature of Patient (or parent/guardian)	_____ Date
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Printed Name of Patient (or parent/guardian)

Relationship to Patient (I am the patient; minor's parent or guardian; power of attorney of patient; etc.)

_____ Witness Signature	_____ Date
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Printed Witness Name

- The Immunization Provider agrees to the following:
- 1) Give a copy of signed and dated form to patient;
 - 2) Keep a copy of form in immunization provider's file;
 - 3) Mail or fax the form to:

Department of Health and Human Services
Maine Center for Disease Control and Prevention
Maine Immunization Program
11 State House Station
Augusta, ME 04333-0011
Fax: (207)287-8127

MIP use only: Date Received: _____ Initials: _____