



Wyoming Immunization Registry
WyIR Patient Inquiry Form



Stefan Johansson
Director

Mark Gordon
Governor

This form is intended for use by individuals who received a ‘No Match Found’ message while using the Docket Application to access their or their child’s immunization record. In order for the Immunization Unit to confirm identity and locate a patient match in the Wyoming Immunization Registry (WyIR), complete and submit this form to the Immunization Unit, along with a copy of one of the following valid and unexpired proof of identification:

- State issued driver’s license
- State issued identification card
- Military identification card
- Valid U.S. Passport
- Valid Permanent Resident Card.

PLEASE PROVIDE LEGAL AND MOST CURRENT INFORMATION

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____ MAIDEN/OTHER NAME: _____

DATE OF BIRTH: _____ LEGAL SEX: FEMALE MALE

STREET ADDRESS (Including City, State and Zip Code): _____

MAILING ADDRESS (If different from Street address): _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

Check here if you give permission for the Immunization Unit to use the information provided on this form to update the WyIR.

By signing this form, I confirm that I am the individual or parent/legal guardian of the individual listed above.

(Please print) Individual or Parent/Legal Guardian Full Name

Signature of individual or Parent/Legal Guardian

Date



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It is your responsibility to mail, fax or email this form with a copy of proof of identity to:

Wyoming Department of Health
Immunization Unit
122 West 25th Street, 3rd Floor West
Cheyenne, WY 82002
Fax 307-777-3615
Email: docket.helpdesk@wyo.gov

If you have questions, call 307-777-7952 or email docket.helpdesk@wyo.gov.

For Office Use Only

Date Received: _____

Completed

Unable to Complete

Delayed, we will act on this request by: _____

Comments: _____

WDH Representative Signature: _____