



Wyoming Immunization Registry Immunization Record Update Request Form



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Director

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Governor

This form is intended for use by individuals who want to correct or update their or their child's immunization record in the Wyoming Immunization Registry (WyIR). In order for the Immunization Unit to confirm identity, 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.

Supporting documentation for the update requested must be submitted in order for the Immunization Unit to process this request. The following qualifies as documentary proof of immunization:

- An immunization record certified by a licensed physician or designee:
 - Signed record or shot card
 - Record from the electronic health record (EHR) system or patient portal
- An immunization record certified by a public health authority:
 - Record from an immunization information system (IIS) adopted by another agency or authority of the United States government
 - Record from a school administration system
 - International vaccine record

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

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

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

PLEASE PROVIDE MOST CURRENT LEGAL 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: _____

Select the update you are requesting:

☐ Correct immunization information that is inaccurate (i.e. incorrect administration date or incorrect vaccine)

Please describe the request: _____

☐ Add immunization information to the WyIR

Please describe the request: _____

☐ 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.

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

Signature of individual or Parent/Legal Guardian

Date

For Office Use Only

Date Received: _____ ☐ Completed ☐ Unable to Complete

Comments: _____

WDH Representative Signature: _____