

New Jersey Department of Health and Senior Services
 Vaccine Preventable Disease Program
 P.O. Box 369, Trenton, NJ 08625-3642
 609-588-7512 (Fax 609-588-3642)
 www.njiis.nj.gov

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

-RETAIN A COPY OF THIS FORM IN THE MEDICAL RECORD-

REGISTRANT INFORMATION				
*Registrant Name (<i>Print</i>)		*Address		
*Date of Birth	*AGE	*City, State, Zip Code		
TCNJ ID Number		*COUNTY (NJ residents only)		
*COUNTRY of Birth	*STATE where born (U.S. born only)	Parent/Guardian's Name if registrant is under age 18 (<i>Print</i>)		
*TYPE of Health Insurance Company				
TCNJ SHIP <input type="checkbox"/>	New Jersey Family Care Program:	Medicaid: <input type="checkbox"/>	Private health insurance through employer (yours or your spouse's or parent's): <input type="checkbox"/>	
	<ul style="list-style-type: none"> • AmeriChoice <input type="checkbox"/> • AmeriGroup <input type="checkbox"/> • Healthfirst NJ <input type="checkbox"/> • Horizon NJ Health <input type="checkbox"/> • Horizon Mercy <input type="checkbox"/> 	NO health insurance <input type="checkbox"/>		
<p>I have received information about the New Jersey Immunization Information System (NJIIS) and understand that the purpose of this program is to keep a central record of my immunization history.</p> <p>I understand that the medical information in the NJIIS may be shared with authorized health care providers, schools, licensed child care centers, colleges, public health agencies, health insurance companies and others as permitted by New Jersey Law at N.J.S. A. 26:4-131 et seq. and rules at N.J.A.C. 8:57-3.</p> <p>I understand that I can get a copy of my record from my primary health care provider, my local health department, or the New Jersey Department of Health and Senior Services (NJDHSS). The NJDHSS may be contacted at the website or telephone number listed above.</p> <p>There is no cost to participate in the program.</p> <p><input type="checkbox"/> Yes, I would like to participate in this program. <input type="checkbox"/> No, I do not want to participate in this program.</p>				
Signature of Registrant (or Parent/Guardian, IF Registrant under 18 Years of Age)				Date

FOR OFFICE USE ONLY

ELIGIBLE? YES NO	Name of NJIIS Enrollment Site <i>The College of New Jersey Student Health Services</i>	Registry ID Number
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