



Georgia Registry of Immunization Transactions and Services (GRITS)

Opt-Out of Registry Form

Note: This form is required to allow an individual to request that a person's immunization history be removed from the registry and no further immunization data be accepted into the registry.

Name of Client: Last First Middle

Date of Birth: MM/DD/YYYY Sex: M/F or Unknown Race:

Name of Parent or Guardian: Last First Middle

Relation: Mother's Maiden Name:

Telephone Number: Area Code Number

Street Address:

City: State: ZIP:

I request this person be removed from the Georgia Registry of Immunization Transaction and Services (GRITS). I understand the state will remove all immunization data on this person from the registry as a result of this action.

The Opt-Out Form will be maintained at the Georgia Immunization Office where it is available for review in accordance with OCGA sec. 31-12-3.1 and the Department of Public Health (DPH), Infectious Disease and Immunization Program (IDI) rules and regulations.

No immunization information may be added to the registry for this client until the Georgia Immunization Office receives a notification from the parent or legal guardian indicating their desire to opt back into the registry.

Signature of Parent or Guardian Date

Action to delete a person from the registry can occur only after receipt and processing of this signed form. This form must be mailed to the following address:

GRITS OPT-OUT
DPH Immunization Office
2 Peachtree Street NW
13th Floor, Room 274
Atlanta, GA 30303-3142