



Georgia Registry of Immunization Transactions and Services (GRITS)

Opt-In To Registry Form

Note: This form is required to allow a person who has previously opted out of the registry to opt back in to the registry thereby allowing collection of immunization data on the person.

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 reinstated into the Georgia Registry of Immunization Transaction and Services (GRITS). I understand this action will allow the state to add all immunization data on this person from participating offices to the registry as a result of this action. The registry will be the official source of immunization history for this person.

The Opt-In 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.

I understand 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 wishes to opt out of the registry. An Opt-Out Form is available from the service provider through the GRITS online system. The Georgia Immunization Office must receive a completed Opt-Out Form signed by a responsible person prior to changing the status of the individual named above.

Signature of Parent or Guardian Date

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

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