

# MIIS

## IMMUNIZATION RECORD AMENDMENT REQUEST

The Massachusetts Immunization Information System (MIIS) is a web-based system that keeps track of all immunizations healthcare providers administer to children and adults in Massachusetts. The system was established in 2011 and is operated by the Massachusetts Department of Public Health (MDPH) according to state law ([M.G.L.c. 111, Section 24M](#)).

All information in the MIIS is kept confidential among healthcare providers and other professionals involved in immunization. The law allows for the information to be shared among doctors and nurses providing your care, school nurses, local boards of health, and staff at state agencies involved with immunization (including the WIC Program). For example, it allows a new doctor to check what shots you have received in the past from other doctors. Your records will *only* be available to those involved in your care who have a reason to know about them.

If you received a copy of your/your child's immunization record from the MIIS and you have identified an error, the MDPH strongly recommends that you go directly to your/your child's current healthcare provider and have them correct the record in the MIIS. You may also request a record amendment directly from MDPH. To do so, please complete this form and provide the following:

- A photocopy of your driver's license, or other state-issued ID, with the license number shielded or removed.
- Proof of the correction in the form of a letter signed and dated by a physician, nurse practitioner, physician assistant, or designee which specifies the month and year of administration and the type/name of the vaccine(s) administered.
- A self-addressed stamped envelope to mail your updated record back to you.

Once your record amendment request is received, MDPH will call you to verify your identity based on the documentation you have provided with this form.

MDPH cannot amend your official immunization record without the documentation listed above. Please allow up to 10 business days for processing.

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**Individual or Child Information:** This information is necessary to properly identify you or your child. You will be called at the phone number provided on this form to verify this information before your request can be processed.

Name: _____		
Last	First	Middle
Date of Birth: _____	Mother's Maiden Name: _____	
MM / DD / YYYY	For child younger than 18 yrs of age	
Gender: _____	Phone Number: (____) _____	
Street Address: _____		
City: _____	State: _____	ZIP: _____
Signature of Individual (if 18 yrs of age or older): _____		Date: _____

**Parent/Guardian/Provider:** If this form is being filled out by someone who has the legal authority to act for the individual listed above (such as a parent with legal custody of a minor child, a court appointed guardian or executor, or a health care agent), please provide the following information:

Name: _____		
Last	First	Middle
Describe how you have legal authority to act for this individual/child: _____		
Phone Number: (____) _____		
Street Address: _____		
City: _____	State: _____	ZIP: _____
Signature of Parent/Guardian: _____		Date: _____

**Please return this form to the Massachusetts Department of Public Health at the address or fax number below (please allow up to 10 business days for processing):**

Massachusetts Immunization Information System (MIIS)  
 Immunization Program  
 Massachusetts Department of Public Health  
 305 South Street  
 Jamaica Plain, MA 02130  
**Phone: 617-983-4335**  
**Fax: 617-983-4301**



Internal Use ONLY:
MDPH Date Received: _____
Date Processed: _____
MIIS: Y / N _____
Initials: _____