



Electronic Notification Opt In North Dakota Immunization Information System

The North Dakota Immunization Information System (NDIIS) is a confidential, electronic system that allows authorized users, such as healthcare providers, pharmacies and long-term care facilities, to view and enter immunization records. The North Dakota Department of Health uses the NDIIS to notify residents when they are coming due or are past due for immunizations. Consent to be contacted via text or email is required in order to receive electronic immunization reminders. If you would like to opt-in to receive immunization reminders via text or email, please complete this form and return it to the North Dakota Department of Health. Parents and guardians may consent for their minor children. Anyone 18 years of age or older must complete their own consent.

Please complete this form by clearly printing all information.

Electronic notification opt-in forms should either be mailed or emailed to the North Dakota Department of Health. **Requests will not be accepted over the telephone.**

North Dakota Department of Health
Division of Immunizations
600 E Boulevard Ave, Dept 301
Bismarck, ND 58505-0200

Email Address: NDIIS@nd.gov

NORTH DAKOTA IMMUNIZATION INFORMATION SYSTEM (NDIIS) ELECTRONIC NOTIFICATION OPT-IN

NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF DISEASE CONTROL

SFN (4-2021)

Information for Individual Opting In		
Last Name:		First Name:
Date of Birth:	Gender: Male Female	
Street address:		
City:	State:	Zip Code:
Email Address:		Mobile Phone Number:
Requestor's Information		
Last Name:		First Name:
Relationship:	Self Parent Legal Guardian	
Electronic Notification Consent		
<p>I consent to have the State of North Dakota, and its staff, communicate with my by email, automated calling system, or standard SMS messaging regarding my vaccine information. I understand that email, automated calling system and standard SMS messaging regarding my vaccination information may be intercepted and read by a third party. I understand this authorization is voluntary, and the State of North Dakota may not condition vaccination on whether I sign this authorization. This authorization remains in effect for five years from the date herof unless specifically revoked by written notice to the State of North Dakota, except to the extent that action has been taken in reliance on this authorization.</p>		

North Dakota Department of Health (For Office Use Only)		
Date Received:	Date Fulfilled:	Initials: