

Participation Form



Nevada WebIZ is Nevada's statewide immunization registry. Nevada WebIZ is used by medical professionals to record and track immunizations administered to their patients, even if the patient visits more than one medical provider. It also makes it easier for medical professionals to administer immunizations on schedule and remind patients when their next immunizations are due.

Information in Nevada WebIZ is **CONFIDENTIAL**. Only authorized users may view it. Authorized users include local or state health departments, medical professionals, schools, childcare facilities, WIC Programs, and health care plans. The information in Nevada WebIZ can be used to see if shots are up to date, to give shots at the appropriate time, and to bill insurance companies. **The information may not be used for any other reason.**

The following information may be reported to the system

- Patient's Name
- Gender
- Address and county of residence
- Full name of mother (including maiden)
- Vaccination administered (including manufacturer and lot number)
- Age
- Race/ethnicity
- State and country of birth
- The date on which the shot was provided

You have the right to

- Include your or your child's immunization information in Nevada WebIZ.
- Decide not to include this information in Nevada WebIZ now or at any time.
- Look at your or your child's record and have corrections made.

Participation

- All immunizations administered in Nevada must be recorded in Nevada WebIZ pursuant to NRS. 439.265.
- To opt-out of participation in Nevada WebIZ, this form must be completed at every immunization appointment.

Sign Here if...

You WANT to include your (or your child's) shot information in Nevada WebIZ
(only if you previously signed a form to decline)

My Name: _____ Date of Birth: _____

My Child's Name (if applicable): _____ Date of Birth: _____

Signature: _____ Date: _____

Name of Office (where vaccine was given): _____

My Telephone Number: _____

Sign Here if...

You DO NOT WANT your (or your child's) shot information included in Nevada WebIZ
(you may change your decision at any time by signing another form in the space above)

My Name: _____ Date of Birth: _____

My Child's Name (if applicable): _____ Date of Birth: _____

Signature: _____ Date: _____

Name of Office (where vaccine was given): _____

My Telephone Number: _____

This form may be faxed to the Nevada WebIZ Help Desk: (775) 687-7596 or mailed to: Nevada State Immunization Program, 4150 Technology Way Suite 210, Carson City NV, 89706.