Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

ImmPact: Patient Re-Enrollment Form

_____ _____
Patient's First Name, Middle Initial, Last Name Date of Birth

_____
Patient's complete mailing address

_____ _____ _____
City/Town State Zip Code

1. I choose to exercise my right to re-enroll the above-named person in the Maine Immunization Information System (ImmPact). I authorize all immunization records for this person to be included in ImmPact. By signing this form, I hereby rescind the *ImmPact: Patient Non-Participation Form* that I signed on an earlier date.

2. I understand that participation in ImmPact is optional and at a later date, I may choose not to participate by completing the *ImmPact: Patient Non-Participation Form*.

_____ __ _____
Signature of Patient (or parent/guardian) Date

_____
Printed Name of Patient (or parent/guardian)

_____
Relationship to Patient (I am the patient; minor's parent or guardian; power of attorney of patient; etc.)

_____ _____
Witness Signature Date

_____
Printed Witness Name

The Immunization Provider agrees to the following:

1) Give a copy of signed and dated form to patient;
2) Keep a copy of form in immunization provider's file;
3) Mail or fax the form to:

Department of Health and Human Services
Maine Center for Disease Control and Prevention
Maine Immunization Program
11 State House Station
Augusta, ME 04333-0011
Fax: (207)287-8127

MIP use only: Date Received: _____ Initials: _____