

**New Jersey Department of Health**  
**Vaccine Preventable Disease Program**  
 P.O. Box 369  
 Trenton, NJ 08625-0369  
 609-826-4860  
 www.njiis.nj.gov

**NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)**  
**DECLINATION OF NEWBORN AUTOMATIC ENROLLMENT**

- RETAIN A COPY OF THIS FORM IN THE MEDICAL RECORD -

| <b>NEWBORN INFORMATION</b>  | <b>PARENT/GUARDIAN INFORMATION</b> |
|---|------------------------------------|
| Name of Newborn ( <i>Print</i> )  | Name ( <i>Print</i> )              |
| Date of Birth   | Address                            |
| Medical Record Number   | City, State, Zip Code              |
| Name of Hospital / Birthing Facility  | Relationship to Newborn            |
| <p>I have received information about the New Jersey Immunization Information System (NJIIS) and understand that the purpose of this program is to help remind me when my child's immunizations are due and to keep a central record of my child's immunization history.</p> <p>I do not wish to enroll my child as a registrant in the New Jersey Immunization Information System (NJIIS) at this time.</p> <p>I have been provided with information on how to enroll my child in the NJIIS should I decide to participate in the future.</p> |                                    |
| Signature of Parent/Guardian  | Date                               |
| Signature of Witness  | Date                               |

- RETAIN A COPY OF THIS FORM IN THE MEDICAL RECORD -