# Iowa Department of Public Health
# Immunization Registry Information System (IRIS)
# Immunization and Health Screening Record Request

IRIS - Immunization Program
Lucas State Office Bldg., 5th Floor
321 E 12th Street
Des Moines, IA 50319-0075
Phone: (800) 374-3958
Email: irisenrollment@idph.iowa.gov

Iowa's Immunization Registry Information System (IRIS) is a secure, confidential, computerized repository of individual immunization records and health screenings. Iowa state law [Iowa Code § 22.7(2) and 641IAC Chapter 7] specifies immunization and health screening information is confidential, and can only be shared with enrolled users, including an individual's health care provider, school, child care facility, local health department, the individuals themselves or their parent/guardian if the person is a minor.

Parents and legal guardians can access records on behalf of their children until the child turns 18. Once an individual attains 18 years of age, that person's parents can no longer request a record, but the legal adult may request the information directly. To obtain a copy of your immunization or health screening record, or your child's record, please complete the following information, provide a copy of your state-issued ID (such as Driver's License), and email the form to the IRIS Program irisenrollment@idph.iowa.gov. Please allow 3 - 5 working days to process record requests.

## Patient Information

First Name: _____ Middle: _____ Last: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Gender: ☐ Female ☐ Male

Date of Birth: _____ Previous/Maiden Name: _____

Mother's First Name: _____ Mother's Maiden Name: _____

Document Requested: ☐ Immunization Record ☐ Vision Screening

## Requestor Information:

First Name: _____ Middle: _____ Last: _____

Telephone Number: _____ Fax Number: _____

Email: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Requestor's relationship to patient name above: ☐ Self ☐ Mother ☐ Father ☐ Guardian

The record you have requested is confidential under Iowa law. By signing this form, you are declaring under penalty of perjury under the laws of the State of Iowa that you are the subject of the record or the parent or legal guardian of the subject of the record and are therefore authorized to access the record. By signing this form, you verify the information listed above is true and accurate and you are authorized by law to have the record.

Printed Name: _____

Signature: _____ Date: _____

*A typed signature is acceptable.*

*Internal Use Only*

Date Received: _____ ☐ Record Found, Date Sent: _____ Initials: _____

☐ Record Not Sent - Reason: _____ Initials: _____