

200 Piedmont Avenue, SE Atlanta, Georgia 30334

dph.ga.gov

## Georgia Registry of Immunization Transactions and Services (GRITS) Opt-In of Registry Form

Note: This form is required to allow a person who has previously opted out of the registry to opt back into the registry thereby allowing collection of immunization data on the person.

Name of Client:					
	Last	First	Middle		
Date of Birth:	M/DD/YYYY	Sex: M/F or Unkr			
Name of Parent or	Guardian:		First	Middle	_
Relation:	Mother	's Maiden Name:			
Telephone Number	: Area Cod	e Number	_		
Street Address:					
City:		State:	ZIP:		
I request this person be understand this action v the registry as a result of	vill allow the sta	te to add all immuniz	ation data on this pe	rsona from participa	ating offices to
The Opt-In Form will be with OCGA sec. 31-12-3 (IDI) rules and regulatio	.1 and the Depa				
I understand immunizat Office receives a notifica available from the servic completed Opt-out For	ation from the page ce provider thro	arent or legal guardia ugh the GRITS online	n wishes to opt out o system. The Georgia	of the registry. An O Immunization Offic	pt-out Form is e must receive a
Signature	of Parent or Gu	ardian	Dat	te	

Action to add a person into the registry can occur only after receipt and processing of this signed form. This form must be mailed to the following address:

GRITS OPT-IN
DPH Immunization Office
200 Piedmont Avenue SE
West tower Suite 1508
Atlanta, GA. 30334.