



## **AUTHORIZATION TO ACCESS AND USE IMMUNIZATION RECORDS**

As a benefit to you, Employee Occupational Health (EOH) will obtain your immunization information directly from state immunization registries on your behalf with your consent. If you would like to take advantage of this service, please complete the below Authorization to Access and Use Immunization Records form. Completing this authorization is not required for employment, but without this authorization, you will need to obtain all of your immunization records on your own. If EOH does not receive your immunization records in a timely manner, your start date maybe delayed.

I, \_\_\_\_\_, understand that I am required to provide immunization records for required immunizations to Allina Health System ("Allina Health") as a condition of employment and/or volunteering at Allina Health to protect patients, health care workers, visitors and the community. Allina Health's Employee Occupational Health Department provides a service to Allina Health employees and volunteers by offering and coordinating immunizations for Allina Health employees and other workforce members. To aid in this process, I authorize Allina Health and its Agents to obtain immunization information for me on my behalf from state immunization registries, including, but not limited to, the Minnesota Immunization Information Connection (MIIR) and the Wisconsin Immunization Registry (WIR).

This consent will continue forever unless I cancel it in writing at:  
Employee Occupational Health  
3960 Coon Rapids Blvd NW  
Suite 315  
Coon Rapids, MN 55433

If I cancel my consent, it will not apply to releases that have already been made.

First and Last Name:

Signature:

Date of Birth (MM/DD/YYYY):

Date: