



Immunization Registry Information System (IRIS) Parent/Guardian Record Request

IRIS – Immunization Program
Lucas State Office Bldg, 5th Floor
321 E 12th Street
Des Moines, IA 50319-0075
Phone: (800)374-3958
Fax: (800)831-6292

www.idph.state.ia.us/ImmTB/Immunization.aspx

Iowa's Immunization Registry Information System (IRIS) is a statewide database of immunizations administered in Iowa from either public or private providers. IRIS helps parents, health care providers, schools and other authorized users to know an individual's immunization status.

Iowa state law [Iowa Code § 22.7(2) and 641IAC Chapter 7] provides immunization information is confidential, which 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; after that point, the individuals themselves must request a record using the Adult Record Request Form. If you would like a copy of your child's immunization record, please complete the following **required** information and fax to your Iowa health care provider or to the IRIS Help Desk fax: 800-831-6292.

Child's Name - First: _____ Middle: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Child's Date of Birth: _____ Place of Birth: _____ Gender: Female Male

Please send the record to one of the following authorized users:

Health Care Provider School Child care facility Myself (Parent/Guardian) Other

Recipient/To The Attention of: _____

Name of Organization: _____

Fax Number: _____ Phone Number: _____

OR

Mailing Address: _____ City, State, Zip: _____

By signing this agreement, I state that I am the parent or guardian for the child listed above:

Print Name of Parent/Guardian: _____ Telephone Number: _____

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Record Found, Date Sent: _____ Initials: _____
 Record Not Sent Reason: _____ Initials: _____