



Georgia Registry of
Immunization Transactions and Services
(GRITS)



Opt-In To Registry Form

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

Name of Client: _____
Last First Middle

Date of Birth: _____ Sex: _____ Race: _____
MM/DD/YYYY M/F or Unknown

Name of Parent or Guardian: _____
Last First Middle

Relation: _____ Telephone Number: _____
Area Code Number

Street Address: _____

City: _____ State: _____ ZIP: _____

I request this person be reinstated into the Georgia Registry of Immunization Transactions and Services (GRITS). I understand this action will allow the state to add all immunization data on this person from participating physician offices to the registry as a result of this action. The registry will be the official source of immunization history for this person.

The Opt In form will be maintained at the Georgia Immunization Program’s office where it is available for review in accordance with OCGA sec. 31-12-3.1 and Department of Human Resources, Division of Public Health, Immunization Program rules and regulations.

I understand immunization information may be added to the registry for this client until the Georgia Immunization Program receives a notification from the parent or legal guardian wishes to opt out of the registry. An Opt-Out Form is available from the service provider through the GRITS on line system. The Georgia Immunization Program must receive a completed Opt-Out Form signed by a responsible person prior to changing the status of the individual named above.

Signature of Parent or Guardian

Date

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

GRITS – OPT-IN
DHR – DPH – Immunization Program
2 Peachtree Street NW
13th Floor, Room 476
Atlanta, GA 30303-3142