






DPH IMMUNIZATION PROGRAM CIRTS Enrollment Forms and Brochures Birthing Hospitals Order Form



All materials are free of cost. Please allow 3-4 weeks for processing and delivery.

	# Eng	# Span
 <p>Connecticut Immunization Registry & Tracking System (CIRTS) Enrollment Form</p> <p>Obtain enrollment forms for distribution to the new parents in your hospital. This confidential information is used only for enrollment purposes into the immunization information system that keeps a permanent record and tracks a immunizations. (Other languages can be obtained at the CIRTS website.)</p>		Comes bilingual
 <p>Connecticut Immunization Registry & Tracking System (CIRTS)</p> <p>Introduces families to the CIRTS program and tells how this statewide system can help ensure children receive all of the shots they need. Explains how children become enrolled in CIRTS, who has access to CIRTS information, and how parents can obtain their child's shot history. <i>8 panels, 3 1/2" x 8", Full-color photo illus. brochure.</i></p>		Comes bilingual
 <p>My Child's Immunization Record</p> <p>A pocket-sized personal 6-page booklet for parents to keep track of their child's shots and other routine tests during a child's checkup. Contains important phone numbers for CT resources.</p>		Comes bilingual

Place your order by fax: (860) 509-7945
Or use this fillable form and email to Rachel.Reynolds@ct.gov
Please call (860) 509-7353 with any questions.

Visit www.ct.gov/dph/immunizations for additional pamphlets and forms.
 CIRTS Enrollment Forms in other languages are available by clicking on the **CIRTS** link. For more free educational materials, click on **Health Professional Information** and scroll down to Patient Education.

THE BOX BELOW IS USED AS THE SHIPPING LABEL.
PLEASE PRINT CLEARLY AND PROVIDE MAIL STOPS OR FLOOR/AREAS.

In case we have questions about your order, please **print** your email and telephone number:

Email: _____

Phone Number: _____

SHIPPING LABEL	
Date of Order:	_____
Birthing Hospital Name:	_____
Address:	_____ _____
Attn:	_____