

Connecticut Immunization Information System (CT WiZ)

Connecticut Department of Public Health Immunization Program
 410 Capitol Ave. MS 11 MUN Hartford, CT 06134-0308 Phone: 860-509-7929 Fax: 860-707-1925
 Website: <https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ>



CT WiZ can:

- Let your doctor know if you are due for a shot;
- Give you/your doctor your shot record if your records are destroyed, if you change clinics, or if the clinic closes;
- Give you/your doctor the official immunization record needed for daycare, school, camp, college, or work.

**THIS INFORMATION WILL BE KEPT
 CONFIDENTIAL**
According to regulation s19a-7h-4 of the CT General Statutes

CT WiZ ENROLLMENT FORM

Mail to: Department of Public Health, Immunization Program, 410 Capitol Avenue MS 11 MUN, Hartford, CT 06134 **or Fax to:** 860-707-1925

Name _____ Date of Birth ____/____/____ Gender: Male Female Transgender
(first) (middle) (last) month day year (please circle one)

Address _____ Town _____ State _____ Zip Code _____

Cell Phone # (____) _____ Home Phone # (____) _____

Email _____ Work Phone # (____) _____

Name of Doctor _____ Name of Clinic _____ Town of Clinic _____

Parent/Guardian Name (if minor) _____
(first) (middle) (last)

Cell Phone # (____) _____ Home Phone # (____) _____

Email _____ Work Phone # (____) _____

Parent/Guardian Name (if minor) _____
(first) (middle) (last)

Cell Phone # (____) _____ Home Phone # (____) _____

Email _____ Work Phone # (____) _____

Signature is only required to opt-out. If you DO NOT want to be enrolled, you must send a signed written request to opt out of CT WiZ.
 Please include your full name and date of birth. By opting out, your shot record will no longer be available in CT WiZ.
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