



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Immunizations

Texas Department of State Health Services

Health Service Region 7

June 10, 2026

Objectives



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- Guidelines of Texas Vaccines for Children Program for Child and Adolescent Immunization Practices.
- Vaccine Requirements for School-Aged Children and Exemption guidelines.
- Benefits of timely ARIS (Annual Report of Immunization Survey) reporting.
- The importance and benefits of utilization of the Texas Immunization Registry (TIR).

Texas Vaccines for Children Program (TVFC)



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Tel: (800) 252-9152 1100 West 49th Street www.ImmunizeTexas.com
Fax: (512) 776-7288 Austin, TX 78756 Immunization.Info@dshs.texas.gov



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VFC Program Benefits

- Access to vaccines at no cost
- Improved patient outcomes
- Reduced administrative costs
- Increase access to vaccine resources



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Vaccine Formulary

16 vaccines on the VFC formulary:

- COVID-19
- DTaP
- Hepatitis A
- Hepatitis B
- Hib
- HPV
- Influenza
- Measles, Mumps and Rubella
- MMRV
- Meningococcal
- Pneumococcal
- Polio
- Rotavirus
- RSV
- Tdap/Td
- Varicella (Chickenpox)

Eligibility Criteria

Children ages 18 years or younger who meet at least one of the following requirements:

- American Indian or Alaska Native
- Enrolled in Medicaid or is Medicaid-eligible
- Uninsured
- Underinsured
 - A child who has commercial (private) health insurance, but coverage does not include vaccines
 - A child whose insurance covers only selected vaccines (TVFC-eligible for non-covered vaccines only), or
 - A child who has health insurance covering all vaccines, but the plan has a fixed dollar limit or cap on the amount that it will cover for vaccines (TVFC-eligible once fixed dollar amount or cap is reached)
- Enrolled in CHIP.



Regional Team

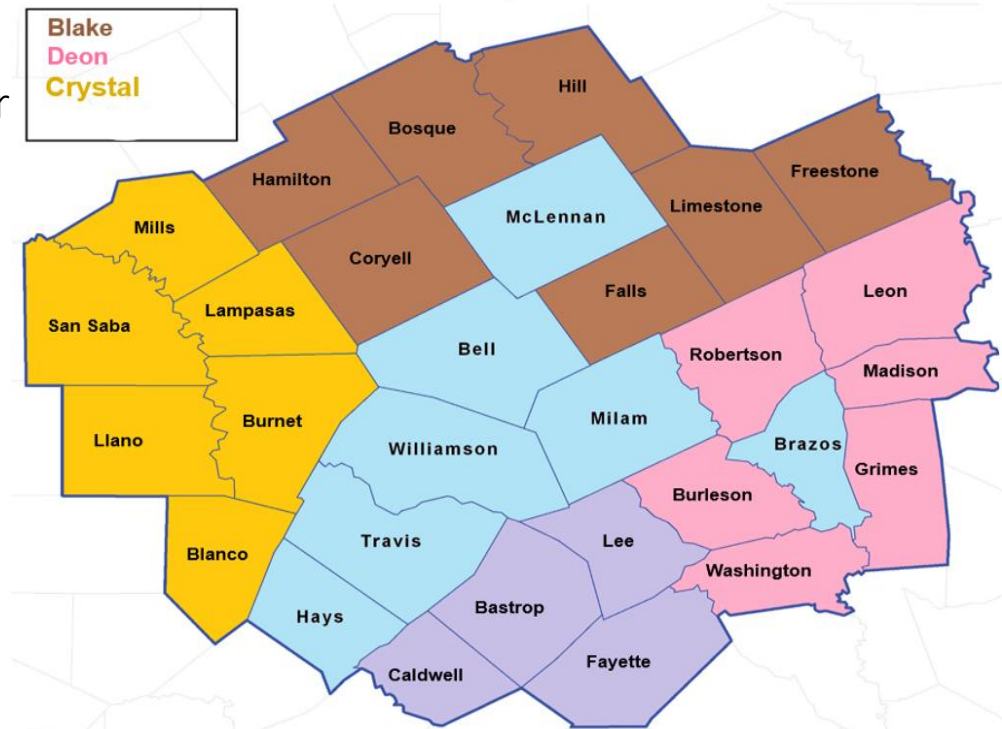


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10 Team Members

- Program Manager
- Assistant Program Manager
 - 2 VFC Consultants
 - 1 Facility Auditor
- Generalist Team Lead
 - 4 Generalist
 - 1-Adult Safety Net Coordinator
- ImmTrac2 Coordinator



Vaccine Requirements for School-Aged Children



Immunization Requirements for Children and Students



Immunization Requirements for Children and Students

Texas Public and Private Schools,
Child-Care Facilities and
Institutions of Higher Education

Inclusive of all current sections,
including revisions made by the
Executive Commissioner of the Health & Human Services Commission
July 2011

Source:
Title 25, Health Services, Part 1, Department of State Health Services, Chapter 97,
Communicable Diseases, Subchapter B, §§97.61-97.72 of the Texas Administrative Code

State laws establish vaccination requirements for school children. These vaccination laws often apply not only to children attending public schools, but also to those attending private, parochial, and other types of schools.

State laws also offer exemptions to school vaccination requirements.



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2025 – 2026 Texas Minimum State Vaccine Requirements Grades K-12

- Kindergarten - Dtap, MMR, polio, and varicella
- Seventh Grade - meningococcal (meningitis) vaccine
- Some states require additional vaccines, either for entry into kindergarten or for entry into later grades.

2025 - 2026 Texas Minimum State Vaccine Requirements for Students Grades K - 12

This chart summarizes the vaccine requirements incorporated in the Texas Administrative Code (TAC), Title 25 Health Services, §99761-97.72. This document is not intended as a substitute for the TAC, which has other provisions and details. The Department of State Health Services (DSHS) is granted authority to set immunization requirements by the Texas Education Code, Chapter 38.

IMMUNIZATION REQUIREMENTS

A student shall show acceptable evidence of vaccination prior to entry, attendance, or transfer to a public or private elementary or secondary school in Texas.

| Vaccine Required (Attention to notes and footnotes) | Minimum Number of Doses Required by Grade Level | | | | | | | | | | | Notes | | | | | | | |
|--------------------------------------------------------|-------------------------------------------------|---|---|---|---|---|---------------|--------------------|---|---|----|-------|----|----|--|--------------------------|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Grades K - sixth | | | | | | Grade seventh | Grades eighth-12th | | | | | | | | | | | |
| | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | 11 | 12 | | | | | |
| Diphtheria/Tetanus/Pertussis(DTaP/DTP/DT/Td/Tdap) | | | | | | | | | | | | | | | | Five doses or four doses | Three dose primary series and one booster dose of tdap / td within the last five years | Three dose primary series and one booster dose of tdap / td within the last 10 years | For K - sixth grade: five doses of diphtheria-tetanus-pertussis vaccine; one dose must have been received on or after the fourth birthday. However, four doses meet the requirement if the fourth dose was received on or after the fourth birthday. ¹ For students aged 7 years and older, three doses meet the requirement; if one dose was received on or after the fourth birthday. ¹ For seventh grade: one dose of Tdap is required if at least five years have passed since the last dose of tetanus-containing vaccine.* For eighth - 12th grade: one dose of Tdap is required when 10 years have passed since the last dose of tetanus-containing vaccine. **Td is acceptable in place of Tdap if a medical contraindication to pertussis exists. |
| Polio | | | | | | | | | | | | | | | | | Four doses or three doses | | For K-12th grade: four doses of polio; one dose must be received on or after the fourth birthday. ¹ However, three doses meet the requirement if the third dose was received on or after the fourth birthday. ¹ Polio vaccine is not required for persons eighteen years of age or older. |
| Measles, Mumps, and Rubella ² (MMR) | | | | | | | | | | | | | | | | | | Two doses | For K - 12th grade: two doses are required, with the first dose received on or after the first birthday. ¹ Students vaccinated prior to 2009 with two doses of measles and one dose each of rubella and mumps satisfy this requirement |
| Hepatitis B ² | | | | | | | | | | | | | | | | | | Three doses | For students aged 11 - 15 years, two doses meet the requirement if adult hepatitis B vaccine (Recombivax [®]) was received. Dosage (10 mcg /1.0 mL) and type of vaccine (Recombivax [®]) must be clearly documented. If Recombivax [®] was not the vaccine received, a three dose series is required. |
| Varicella ^{2,3} | | | | | | | | | | | | | | | | | | Two doses | For K - 12th grade: two doses are required, with the first dose received on or after the first birthday. ¹ |
| Meningococcal (MCV4) | | | | | | | | | | | | | | | | | | One dose | For seventh - 12th grade, one dose of quadrivalent meningococcal conjugate vaccine is required on or after the student's 11th ¹ birthday. |
| Hepatitis A ² | | | | | | | | | | | | | | | | | | Two doses | For K - 12th grade: two doses are required, with the first dose received on or after the first birthday. ¹ |

NOTE: Shaded area indicates that the vaccine is not required for the respective grade.

Higher Education Immunization Requirements





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Exemptions for Required Immunizations



Types of Exemptions



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- Medical Exemption
- Philosophical Exemption
- Religious Exemption

Philosophical and Religious Exemptions



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Philosophical Exemption Requirements:

- Signed and notarized
- Valid for two years from the date of the notarization

Religious Exemption Requirements:

- Signed but does not require notarization
- Valid for two years from the date of the notarization

Exemption for Medical Reasons



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Medical Exemption Requirements:

- Dated and signed by a physician (M.D. or D.O.) properly licensed and in good standing in any state in the U.S. who has examined the child or student.
- Statement must state in the physician's opinion, the vaccine required is medically contraindicated or poses a significant risk to the health and well-being of the child or student or any member of the child's or student's household.
- Unless it is written in the statement that a lifelong condition exists, the exemption statement is valid for only one year from the date signed by the physician.

Affidavit Request for Exemption from Immunizations for Reason of Conscience



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AFFIDAVIT

Exemption From School or Child-Care Immunizations for Reasons of Conscience



This notarized affidavit must be submitted to request an exemption from state-required immunizations to attend a Texas child-care facility, elementary or secondary school, or institution of higher education, including students enrolled in health-related and veterinary courses. This affidavit is only valid for the individual named in section A and is only for submission to Texas schools and child-care facilities. This affidavit is valid for two years from the date of notarization. Additions or changes to this affidavit are not valid.

(A) Individual's Full Name

First _____ Middle _____ Last _____ Date of Birth (mm/dd/yyyy) _____

PLEASE COMPLETE THE FOLLOWING SECTION

(B) I do **NOT** want my child/self to receive the following vaccine(s) I have marked for reasons of conscience or religious belief.

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Diphtheria, tetanus, and pertussis (DTaP/DT) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Meningococcal (MenACWY/MCV4*) |
| <input type="checkbox"/> Measles, mumps, and rubella (MMR) | <input type="checkbox"/> Rabies |
| <input type="checkbox"/> Pneumococcal (PCV) | <input type="checkbox"/> Polio (IPV) |
| <input type="checkbox"/> Tetanus, diphtheria, and pertussis (Td/Tdap) | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib) | |

*MCV4 is required for grade 7 through 12. MenB or MCV5 may be used for college requirements for a bacterial meningitis vaccination dose or booster.

(C) I have read and understand the *Benefits and Risks of Vaccination* information sheet. I understand the individual named in Section A may be excluded from school attendance in times of emergency or epidemic declared by the Commissioner of Public Health or as allowable by 25 Texas Administrative Code, [Sec. 97.7](#).

(D) I certify that I am the parent / legal guardian of the above-named child, or I am signing for myself as an adult student, and that the information provided here is true and correct.

Signature of Parent or Legal Guardian/Self if an adult _____ Date _____

State of Texas _____
County of _____

BEFORE ME, _____, on this day personally appeared _____, known to me (or proved to me through description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20____.
Affix seal

NOTARY PUBLIC

Texas Department of State Health Services
Immunization Section
Stock No. F11-11755 Rev. 01/2026

A blank affidavit form may be downloaded from the Department of State Health Services (DSHS) website at www.dshs.Texas.gov

The blank form must be signed by a notary public.

Provisional Enrollment



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Available for up to 30 days for

- Homeless or in foster care
- Student transfers from one Texas school to another in state.
- Student is dependent on an active-duty service member.

Annual Report of Survey (ARIS)



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Annual Report of Immunization Status (ARIS)

The Annual Report of Immunization Status is a self-reported survey to measure immunization coverage among kindergarten and seventh grade students.

- An annual assessment of children's immunization record to ascertain compliance with the Texas school vaccination law. This information is used to estimate the school's coverage and compliance rates.
- Schools complete the survey online via Child Health Reporting System (CHRS) and the summary results are collected and submitted to the DSHS Ace Unit in Austin.



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Annual Report of Immunization Status Timeline

- Mid-October - Annual Report of Immunization Status Instructions Packets are emailed to Public Independent School Districts and Private Schools.
- October 30th - Annual Report of Immunizations (ARIS) opens.
- November 1st thru November 30th – submission of data into CHRS.
- December 1st - Annual Report of Immunization Status Instructions Packet Mailed to Public ISD and Private Schools.
- Mid- December - ARIS closes.



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Audit Types

- School Audits
 - individual schools and districts to be audited based on schools that did not respond to the most recent ARIS
 - those that reported unusually high numbers of students provisionally enrolled or delinquent with vaccine requirements.
- Validation Survey
 - assesses the reliability of the school reported results of the ARIS
 - results of the survey provide a statewide immunization compliance estimate used to determine the validity of the school



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ImmTrac2 Texas Immunization Registry

ImmTrac2 Texas Immunization Registry

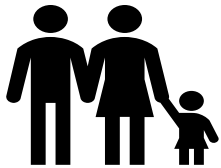


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The Texas Immunization Registry also known as ImmTrac2 is a Texas based, secure, confidential, free, consolidating, and stores immunization records safely in one central location available to organizations such as healthcare providers, schools, and public health departments.



Participation is voluntary and requires written consent from parents or guardians granting permission to store the immunization record for minors under the age of 17 years old. Most children born in Texas hospitals are consented to ImmTrac2 through the birth registration process.



All healthcare providers and payors are required to report to ImmTrac2 of all immunizations administered to clients who are 17 years of age and younger.

Benefits of Enrolling with the Registry

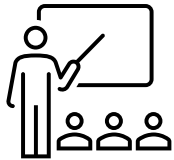


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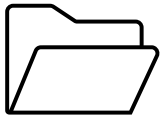
All doctors have access to the registry no matter how many times you move or change healthcare providers, immunization records will be at your fingertips.



Schools have access to the registry and can verify if the student meets school requirements.



Secure – meets the highest security standards and only authorized providers can access the record.



The record can be used for childcare, school, college entrance, military enlistment, travel, employment in health and safety fields.

Types of Consents



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- Minor Consent
- Adult Consent
- Disaster Information
Retention Consent



Minor Consent

Texas Department of State Health Services

TEXAS Health and Human Services | Texas Department of State Health Services

Texas Immunization Registry (ImmTrac2) Minor Consent Form

A parent, legal guardian, or managing conservator must sign this form if the client is younger than 18 years of age.

Child's First Name _____ Child's Middle Name _____ Child's Last Name _____
 Child's Sex: Male Female Telephone _____ Email address _____
 Child's Date of Birth (mm/dd/yyyy) _____
 Child's Address _____ Apartment # / Building # _____
 City _____ State _____ Zip Code _____ County _____
 Mother's First Name _____ Mother's Maiden Name _____

| | | |
|--------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| Race (select all that apply) | | Ethnicity (select only one) |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> White | <input type="checkbox"/> Other Race | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recipient Refused | | |

The Texas Immunization Registry (ImmTrac2) is a free service of the Texas Department of State Health Services (DSHS). ImmTrac2 is a secure and confidential service that consolidates and stores your child's (younger than 18 years of age) immunization records. With your consent, your child's immunization information will be included in ImmTrac2. Doctors, public health departments, schools, and other authorized professionals can access your child's immunization history to ensure that important vaccines are not missed. For more information, see Texas Health and Safety Code § 161.007 (d). https://statutes.capitol.texas.gov/Docs/HIS/hes/HIS_161.htm#161.007.

Consent for Registration of Child and Release of Immunization Records to Authorized Persons/Entities
 I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in ImmTrac2. Once in ImmTrac2, the child's immunization information may by law be accessed by a public health district or local health department, for public health purposes within their areas of jurisdiction; a physician, or other health care provider legally authorized to administer vaccines, for treating the child as a patient; a state agency having legal custody of the child; a Texas school or child-care facility in which the child is enrolled; and a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child. I understand that I may withdraw this consent at any time by submitting a completed Withdrawal of Consent Form in writing to the Texas DSHS, ImmTrac2.

State law permits the inclusion of immunization records for first responders and their immediate family members in ImmTrac2. A "first responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency. An "immediate family member" is defined as a parent, spouse, child, or sibling who resides in the same household as the first responder. For more information, see Texas Health and Safety Code § 161.00705. https://statutes.capitol.texas.gov/Docs/HIS/hes/HIS_161.htm#161.00705.
 Please mark the box below to indicate whether your child is an immediate family member of a first responder.
 I am an IMMEDIATE FAMILY MEMBER of a first responder.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my child's information in the Texas Immunization Registry.
 Parent, legal guardian, or managing conservator:

Printed Name _____ Signature _____ Date _____

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <https://www.dshs.texas.gov> for more information. (Reference: Tex. Gov. Code, § 552.021, 552.023, 559.003, and 559.004)

PROVIDERS REGISTERED WITH ImmTrac2: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. **DO NOT** fax to ImmTrac2. **Retain this form in your client's record.**

Questions? Tel: 800-252-9152 • Fax: 512-776-7790 • <https://www.dshs.texas.gov/immunization/immtrac2/>
 Texas Department of State Health Services • Immunizations • Texas Immunization Registry – MC 1946 – P. O. Box 149347 • Austin, TX 78714-9347

Texas Department of State Health Services
 Immunization Section

Stock No. C-7
 Revised 02/2026

Minor Consent

A parent/guardian consent is required for clients under 17 years of age. Keeps standard immunizations for minors until 17 years old.

Adult Consent



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Texas Immunization Registry (ImmTrac2) Adult Consent Form



First Name _____ Middle Name _____ Last Name _____
 Date of Birth (mm/dd/yyyy) _____ Sex Male Female Telephone _____ Email address _____
 Address _____ Apartment # / Building # _____
 City _____ State _____ Zip Code _____ County _____

Mother's First Name _____ Mother's Maiden Name _____

| | | |
|--------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
| Race (select all that apply) | | Ethnicity (select only one) |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White | <input type="checkbox"/> Not Hispanic or Latino |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Other Race | <input type="checkbox"/> Other |
| <input type="checkbox"/> Recipient Refused | | |

The Texas Immunization Registry (ImmTrac2) is a free service of the Texas Department of State Health Services (DSHS). The Texas Immunization Registry is a secure and confidential service that consolidates and stores your immunization records. With your consent, your immunization information will be included in the Texas Immunization Registry. Doctors, public health departments, schools, and other authorized professionals can access your immunization history to ensure that important vaccines are not missed. Visit Texas Health and Safety Code Sec. 161.007 (d) at statutes.capitol.texas.gov/Docs/HIS/html/HIS.161.htm#161.007 for more information.

Consent for Registration and Release of Immunization Records to Authorized Persons / Entities
 I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the Texas Immunization Registry. Once in the Texas Immunization Registry, my immunization information may be accessed by: a Texas physician, or other health care provider legally authorized to administer vaccines, for treatment of the individual as a patient; a Texas school in which the individual is enrolled; a Texas public health district or local health department, for public health purposes within their areas of jurisdiction; a state agency having legal custody of the individual; a payor, currently authorized by the Texas Department of Insurance to operate in Texas for immunization records relating to the specific individual covered under the payor's policy. I understand that I may withdraw this consent at any time by submitting a completed Withdrawal of Consent Form in writing to the Texas Department of State Health Services, Texas Immunization Registry.

State law permits the inclusion of immunization records for First Responders and their immediate family members in the Texas Immunization Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency. An "immediate family member" is defined as a parent, spouse, child, or sibling who resides in the same household as the First Responder. Visit Texas Health and Safety Code Sec. 161.007(b) at [statutes.capitol.texas.gov/Docs/HIS/html/HIS.161.htm#161.007\(b\)](http://statutes.capitol.texas.gov/Docs/HIS/html/HIS.161.htm#161.007(b)) for more information.

Please mark the appropriate box to indicate whether you are a First Responder or an Immediate Family Member.
 I am a FIRST RESPONDER. I am an IMMEDIATE FAMILY MEMBER (older than 18 years of age) of a First Responder.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas Immunization Registry.
Individual (or individual's legally authorized representative):

Printed Name _____ Signature _____ Date _____

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Visit dhs.state.tx.us/sites/default/files/hipaa/docs/DSHS-NPP-English-5-1-2022.pdf for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

PROVIDERS REGISTERED WITH the Texas Immunization Registry: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. **DO NOT** fax to the Texas Immunization Registry. **Retain this form in your client's record.**

Questions? Tel: 800-252-9152 • Fax: 512-776-7790 • dhs.texas.gov/immunizations
 Texas Department of State Health Services • Immunization Section • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

Texas Department of State Health Services
 Immunization Section
 Stock No. F11-13366
 Rev. 02/2026

Minors Becoming Adults Important!

The immunization records of a child turning 18 (by law) will be hidden in ImmTrac2 until the child signs an Adult consent. If the child does not sign an adult consent by the age of 26, that child's immunization record is purged from ImmTrac2.

Disaster Information Retention Consent



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Texas Immunization Registry (ImmTrac2) Disaster Information Retention Consent Form



A parent, legal guardian or managing conservator must sign this form if the client is younger than 18 years of age.

First Name _____ Middle Name _____ Last Name _____
Date of Birth (mm/dk/yyyy) _____ Sex: Male Female Telephone _____ Email address _____

Address _____ Apartment #/Building # _____

City _____ State _____ Zip Code _____ County _____

Mother's First Name _____ Mother's Maiden Name _____

Race (select all that apply)
 American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White Other Race
 Recipient Refused

Ethnicity (select only one)
 Hispanic or Latino
 Not Hispanic or Latino
 Other

The Texas Immunization Registry (ImmTrac2) has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. From the time the event is declared over, the Texas Immunization Registry will retain disaster-related information received from health care providers for a period of five years. At the end of the five year retention period, client-specific disaster-related information will be removed from the Texas Immunization Registry unless consent is granted to retain the client information in the Texas Immunization Registry beyond the five year retention period. Visit Texas Health and Safety Code Sec. 161.00705 at statutes.capitol.texas.gov/Docs/HIS/htm/HIS.161.htm#161.00705 for more information.

Consent for Retention of Disaster-Related Information and Release of Information to Authorized Entities
 I understand that, by granting the consent below, I am authorizing retention of my (or my child's) disaster-related information by DSHS beyond the five year retention period. I further understand that DSHS will include this information in the Texas Immunization Registry. Once in the Texas Immunization Registry, my (or my child's) disaster-related information may by law be accessed by a state agency, for the purpose of aiding and coordinating communicable disease prevention and control efforts, and/or a physician or other health care provider legally authorized to administer immunizations, antivirals, and other medications, for treating the client as a patient; I understand that I may withdraw this consent to retain information in the Texas Immunization Registry beyond the five year retention period and my consent to release information from the Texas Immunization Registry, at any time by written communication to the Texas Department of State Health Services.

State law permits the inclusion of immunization records for First Responders and their immediate family members in the Texas Immunization Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency. An "immediate family member" is defined as a parent, spouse, child, or sibling who resides in the same household as the First Responder.

Please mark the appropriate box to indicate whether you are a First Responder or an Immediate Family Member.
 I am a **FIRST RESPONDER**. I am an **IMMEDIATE FAMILY MEMBER** of a First Responder.

By my signature below, I GRANT consent to retain my disaster-related information (or my child's information, if younger than age 18) in the Texas Immunization Registry beyond the five year retention period.

Client (or parent, legal guardian, or managing conservator):
 Printed Name _____ Signature _____ Date _____

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Visit dshs.state.tx.us/sites/default/files/hipaadocs/DSHS-NPP-English-5-1-2022.pdf for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

PROVIDERS REGISTERED WITH the Texas Immunization Registry: Please enter client information in the Texas Immunization Registry and affirm that consent has been granted. **DO NOT** fax to the Texas Immunization Registry. **Retain this form in your client's record.**

Questions? Tel: 800-252-9152 • Fax: 512-776-7790 • dshs.texas.gov/immunizations
 Texas Department of State Health Services • Immunization Section • Texas Immunization Registry – MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

Texas Department of State Health Services
 Immunization Section

Stock No. F11-12956
 Rev. 02/2026

The Disaster Information Retention Consent Form

This form retains the disaster related information beyond the 5 years. This form is used for different types of events such as a potential disaster, public health emergency, terrorist attack, hostile military or paramilitary action or extraordinary law enforcement emergency.

Withdrawal of Consent and Confirmation Form



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Texas Department of State
Health Services



First Name _____ Middle Name _____ Last Name _____
 Date of Birth (mm/dd/yyyy) _____ Sex: Male Female Requestor's Daytime Telephone _____
 Address _____ Apartment #/Building # _____
 City _____ State _____ Zip Code _____ County _____

Optional information regarding the individual: This information is used for the Texas Immunization Registry record search purposes only and will not be retained.

Birth City _____ Birth State _____ Previous Address _____
 Mother's First Name _____ Mother's Maiden Name _____

1) I withdraw consent for participation and inclusion in the Texas Immunization Registry for the individual named above. Please remove information for this individual from the ImmTrac2 system.

Individual or Individual's Legally Authorized Representative:

Printed Name _____ Signature _____ Date _____

2) The Texas Immunization Registry (ImmTrac2) has been designated as the disaster-related reporting and tracking system for immunizations, antivirals, and other medications administered to individuals in preparation for, or in response to, a disaster or public health emergency. **From the time the event is declared over, the Texas Immunization Registry will retain disaster related information received from health care providers for a period of five (5) years.** At the end of the five (5) year retention period, disaster-related information will be removed from the Texas Immunization Registry unless consent is granted to retain the information in the Texas Immunization Registry beyond the five (5) year retention period. For more information, see Texas Health and Safety Code Sec. 161.00705. <http://statutes.capitol.texas.gov/Docs/HYS/html/HYS.161.html#HYS.161.00705>.

3) **PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dhs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Questions? Tel: (800) 252-9152 • Fax: (512) 776-7790 • <http://www.dhs.texas.gov/immunize/immtrac/>
 Texas Department of State Health Services • Immunizations • Texas Immunization Registry • MC-1946 •
 P. O. Box 149347 • Austin, TX 78714-9347

For Office Use Only

No Record Found: No matching records were found in the Texas Immunization Registry for the individual named above.

Record Removed: All information, excluding disaster immunizations, antivirals, and other medications administered to individuals (Re: section 2 above), has been removed from the individual named above from the Texas Immunization Registry.

Date request processed: _____ Staff Initials: _____

Texas Department of State Health Services
Immunization Section

Stock No. C-8
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If at any point, the individual wishes to remove their record from the registry, the individual will need to complete an ImmTrac2 withdrawal form.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Vaccines Save Lives

Thank you

Sandra Guynes
ImmTrac2 Coordinator
Temple Region 7