



Consent to Review Vaccination Records

Date: _____

Health Services
Mat-Su Borough School District
501 N. Gulkana St
Palmer, AK 99645
P: (907) 746-9200

In compliance with Alaska 7 AAC 27.650., Health care providers that provide vaccines must report information concerning the patient and immunization received to the immunization information system (VacTrAK) maintained by the Department of Health and Social Services. I understand that this consent allows school health care providers to access VacTrAK and record necessary information about my vaccine history in VacTrAK.

Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Date of Birth: _____ Position: _____
School or Facility: _____

I hereby consent to have my vaccination status reviewed in VacTrAK by School Nurse:

Signature: _____ Date: _____