*PhilaVax*

# Patient Opt-Out Form

**This form must be completed for patients who choose to opt-out of PhilaVax.**

Please complete this form in its entirety. Legal guardians may complete this form for their dependent children.

## Section 1: Requestor's Contact Information

| Last Name | First Name | Relation to Patient |
|---|---|---|
| | | |

| Phone Number | Email Address |
|---|---|
| | |

## Section 2: Patient Information

| Last Name | First Name | Middle Name |
|---|---|---|
| | | |

| Address | Address 2 |
|---|---|
| | |

| City | State | ZIP Code |
|---|---|---|
| | | |

| Date of Birth | Phone Number | Email |
|---|---|---|
| | | |

## Section 3: Requestor's Proof of Identification

**Please provide one of the following documents to validate your request:**

- Government-issued identification
- Passport

**If photographic identification is unavailable, two of the following documents below may be substituted:**

- Birth certificate
- Written verification of identity from your employer
- Current automobile registration
- Current copy of utility bill showing name and address
- Current checking account deposit slip stating name and address
- Current voter registration card



Philadelphia Department of Public Health - Division of Disease Control - Immunization Program
1101 Market St. Floor 12, Philadelphia, PA, 19107 | **vaccines.phila.gov** | **philavax@phila.gov** | August 2026

Department of Public Health
Immunization Program
CITY OF PHILADELPHIA

## Section 4: Signature

By signing below, I understand that, by opting out of PhilaVax, all current and future immunization information will be excluded from my/my child's PhilaVax record. I can continue to receive vaccines for myself/my child from my healthcare provider even if the immunization information is excluded from PhilaVax.

| Patient/Legal Guardian Signature | Date |
|---|---|
| | |

## Section 5: Submit Form

**When completed, return this document to PhilaVax:**

**Scan and email:**
philavax@phila.gov

**Fax Number:**
215-238-6944

**Mail:**
**PhilaVax**
1101 Market St., 12th Fl.
Philadelphia, PA 19107