



Request to Change Vaccine Type or Date in SDIR

Instructions: All requests from user to have type or date of a vaccine given changed in an individual's immunization shall be recorded on this form. All changes will conform to the policies and procedures outlined in the Request to Change Patient Immunization Information. All documentation to substantiate the change will be attached to this form and filed in the designated location in the Help Desk area.

Section A: To be completed by the requestor or SDIR staff

Please print:	Date of Request:
Requestor Name:	
Provider Name/Organization:	<input type="checkbox"/> Foster Care/Polinsky Ctr.
Title:	
Telephone:	Email:
Name of patient	
Last:	First: Middle:
Patient Date of Birth:	
Reason for Request: (specify)	
<input type="checkbox"/> Vaccine type appears to be incorrect	
Type in registry:	Type on document:
<input type="checkbox"/> Vaccine date appears to be incorrect	
Date in registry:	Date on document
Documents submitted to substantiate the change: (check appropriate box and attach document to this form)	
<input type="checkbox"/> California Immunization Record (CIR)	
<input type="checkbox"/> Medical record summary	

Section B: For SDIR use only

Date received:	By:
Outcome:	
<input type="checkbox"/> Change made and documented in activity log	
<input type="checkbox"/> Change not made for the following reason: (check appropriate box)	
<input type="checkbox"/> No valid medical documentation	
<input type="checkbox"/> Unable to change due to provider office closed to business	
<input type="checkbox"/> Change request referred to provider that entered vaccine or date in question	
Notes:	