

Record Not Found in My Vax Records Patient Portal

NOTE: Before beginning this process, it may be faster to request that your healthcare provider investigate your unfound immunization record or to utilize our electronic amendment form request system to submit a request for the Massachusetts Department of Public Health (MDPH) to further investigate your unfound vaccination record: You may access the electronic system at the following link: <https://myvaxrecords.mass.gov/pages/Request>. If that is not possible, please read this information and complete the form below.

The Massachusetts Immunization Information System (MIIS) is a web-based system that keeps track of all immunizations healthcare providers administer to children and adults in Massachusetts. The system was established in 2011 and is operated by the Massachusetts Department of Public Health (MDPH) according to state law ([M.G.L c. 111, Section 24M](#)).

All individual information in the MIIS is kept confidential in accordance with applicable law.

To request a MDPH Demographic Immunization Record Amendment please submit the following and allow up to 10 business days for processing:

- A Record Not Found in My Vax Records Patient Portal Form, completed and signed and notarized
- A photocopy of your driver's license, or other state-issued ID, with the license number shielded or removed
- If you have experienced a name change in the last 10 years, please submit proof of legal name change
- If your new address is not reflected on your ID, please submit proof of your new address (e.g. a copy of a utility bill)

Please return the completed paperwork to MDPH by mail or fax:

My Vax Records
Massachusetts Immunization Information System (MIIS)
Massachusetts Department of Public Health, Immunization Division
305 South Street, Jamaica Plain, MA 02130

FAX: 857-323-8321

DO NOT SUBMIT VIA EMAIL – MIIS EMAIL IS NOT SECURE

Phone:

Record Not Found in My Vax Records Patient Portal Form Page 2 of 3

SIGNATURE: _____ DATE: _____

Signature of Requestor: I am requesting an update to the information associated with my own record, or I am the parent, guardian, or other person legally authorized to act for the person whose record I am requesting. I certify under the penalties of perjury that the information I am providing is true to the best of my knowledge

Verification: To be Completed by a Certified Notary Public

STATE OF _____

OFFICIAL SIGNATURE AND SEAL OF NOTARY:

_____ County, ss.

On this ____ day of _____, 20____,
before me, the undersigned notary public,
personally appeared

proved to me through satisfactory evidence of
identification, which were
_____, to be the person whose
name is signed on this document in my presence.
And has produced documentation to confirm legal
authority if requesting on behalf of another person.

Notary Public

Commission #

My commission expires

Record Not Found in My Vax Records Patient Portal Form Page 3 of 3

Demographic Identity Verification Form

Please complete as much of the following information as possible. MDPH will utilize this information to attempt to find your record. You may skip any questions that are not relevant for you.

Current address: _____

Former two addresses: _____

Former name (if applicable): _____

Current phone: _____

Former phone numbers (list any you can remember): _____

Current email address: _____

Former email address: _____

Last Vaccine Received: _____

Date Administered: _____

Administering Site: _____

Primary Care Provider: _____

Primary Care Facility: _____