OMB No. 0920-0214: Approval Expires 12/31/2009

FORM **HIS-2A(PT)**
(6-18-2008)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION
NATIONAL CENTER FOR HEALTH STATISTICS
NATIONAL CENTER FOR
IMMUNIZATION AND RESPIRATORY DISEASES

PERMISSION TO CONTACT IMMUNIZATION PROVIDER FORM

a. RO Code	**b.** FR Code	**c.** Year	**d.** Quarter	**e.** Week

f. Date of Interview — Month | Day | Year (2 0 _ _)

g. Control Number

h. Caseid

i. Line No. of child

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (44 USC 3501 note). Public reporting burden of this collection of information is estimated to average about 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports, Clearance Officer; Paperwork Reduction Project (0920-0214), 1600 Clifton Rd., MS D-24, Atlanta, GA 30333.

Permission From Personal Interview

Your permission is important to the work of the Centers for Disease Control and Prevention (CDC) to determine whether children are fully immunized.

I give CDC and its contractors permission to contact the provider(s) named in this interview, give the provider basic information that identifies the child named below and request that information relevant to his/her immunization history be sent to the CDC or its contractors for study purposes only.

I understand that all information about my child and my child's health care provider is held in strict confidence. No names of children, doctors, or clinics will be used in reporting the study results.

We appreciate your cooperation.

PARENT/LEGAL GUARDIAN'S SIGNATURE (in ink):

Permission From Telephone Interview

Your permission is important to the work of the Centers for Disease Control and Prevention to determine whether children are fully immunized.

Do we have your permission to contact the provider(s) named in this interview, give the provider basic information that identifies the child named below and request that information relevant to his/her immunization history be sent to the Centers for Disease Control and Prevention or its contractors?

You understand that all information about your child and your child's health care provider is held in strict confidence. No names of children, doctors, or clinics will be used in reporting the study results.

(PARENT/LEGAL GUARDIAN HAS GIVEN ORAL PERMISSION)

Field Representative's (FR's) PRINTED NAME:

FR's (Interviewer's) First name

FR's (Interviewer's) Last name

FR'S (INTERVIEWER'S) SIGNATURE (in ink):

PARENT/LEGAL GUARDIAN'S PRINTED NAME

Parent/Legal Guardian's First name

Parent/Legal Guardian's Last name

TODAY'S DATE: Month | Day | Year (2 0 _ _)

The above Request Statement is voluntary. There will be no effect on your benefits and no information that will identify you will be given to any other government or nongovernment agency. This information is collected under the authority of the Public Health Service Act (Title 42, United States Code, Section 242k).

PERMISSION FORM ID NUMBER

1. Child's name

2. Date of birth — Month | Day | Year

3. Sex ☐ Male ☐ Female